



# Kentucky Health Information Exchange (KHIE)

## **Direct Lab Data Entry**

### User Guide

April 2021

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## Document Control Information

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# 1 Introduction

## Overview

The Kentucky Health Information Exchange (KHIE) utilizes the Kentucky Online Gateway (KOG) to authenticate if an individual is part of an organization that has access to review patient health information in KHIE. To access KHIE, Authorized Users must establish a KOG account.

The purpose of this Direct Lab Data Entry User Guide is to (1) provide an overview of the Kentucky Health Information Exchange's Direct Lab Data Entry functionality within the ePartnerViewer and (2) provide instructions for setting up a KOG account to access the Lab Data Entry functionality.

All examples and screenshots used in this guide are simulated with mock data; no Protected Health Information (PHI) is present.

**Please Note:** All screenshots shown throughout this document reflect how Users would interact with the ePartnerViewer while using a desktop or tablet device. While core functionality remains the same across multiple devices, interface components may vary in presentation.

## Supported Web Browsers

Users must access the ePartnerViewer with a supported web browser. The ePartnerViewer is configured to support the following modern browsers on desktop, tablet, and mobile devices:

Desktop Browser Version	Mobile Browser Version
<b>Microsoft Edge</b>	
Version 44+	Version 40+
<b>Google Chrome</b>	
Version 70+	Version 70+
<b>Mozilla Firefox</b>	
Version 48+	Version 48+
<b>Apple Safari</b>	
Version 9+	iOS 11+

**Please Note:** The ePartnerViewer does not support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.

## Mobile Device Considerations

The ePartnerViewer is based on responsive design. This means it renders in the best format based on the user's device size. Responsive design applies to mobile, tablet, and desktop devices. Tablet devices in landscape display mode are considered desktop.

## Accessing the ePartnerViewer

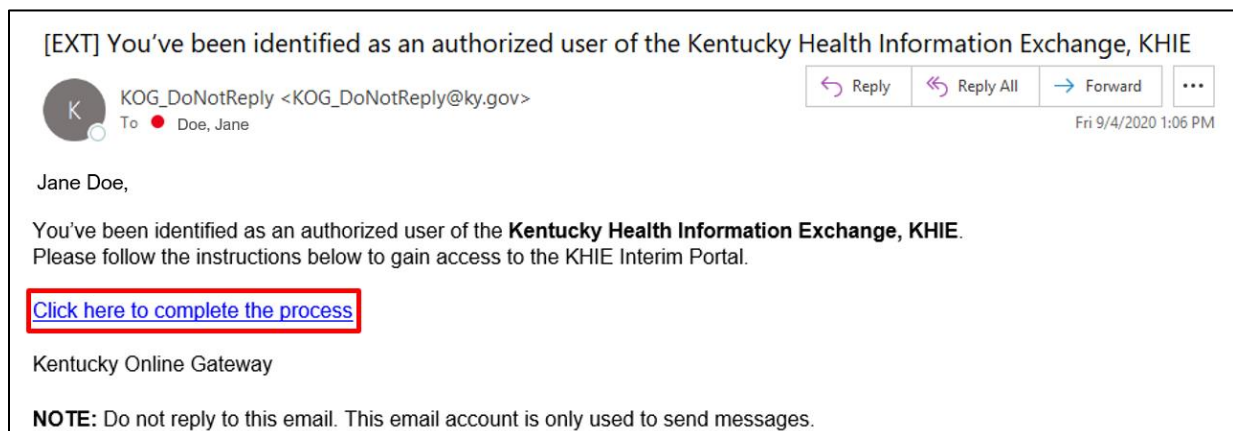
To access the ePartnerViewer, users must meet the following specifications:

1. Users must be part of an organization with a signed Participation Agreement with KHIE.
2. Users are required to have a Kentucky Online Gateway (KOG) account.
  - Details on creating a KOG account are in *Section 2 KOG Registration and Login* of this guide.
3. Users are required to complete Multi-Factor Authentication (MFA).
  - Details on MFA are included in the *Multi-Factor Authentication (MFA)* subsection in *Section 2 KOG Registration and Login* of this guide.

## 2 KOG Registration and Login

### Create a KOG Account

1. When provisioned with the Manual Data Submission Role in the ePartnerViewer, Users will receive an invitation email to register for the Kentucky Online Gateway (KOG).
2. Users click the **Click here to Complete the Process** hyperlink in the Invitation email, to be directed to the **Kentucky Online Gateway Registration Page**.



**Please Note:** This link is active for seven days. The registration link is only valid for a one-time use. If Users click the link and do not complete the registration process, a new link must be sent. If the link expires, the KHIE Org Admin must send another invitation to create a Kentucky Online Gateway (KOG) account.

3. The **KOG Landing Page** displays. If Users do not have an existing KOG account, Users should click **Create Account**.

**Please Note:** If Users already have an existing KOG account with the same email address from which they received the invitation to enroll, they should not create a new account. These Users should log into KOG using their existing credentials.

4. From here, Users will enter their Registration Information. There are mandatory fields that are marked with asterisks (\*).
5. Enter **First Name**.
6. Enter **Last Name**.
7. Enter **Email Address**.

here to reset your password OR click on the CANCEL button below to log into your account.' Below this is a blue box with text: 'Please fill out the form below and click Sign Up when finished. All fields with \* are required.' The form fields are: '\* First Name', 'Middle Name', '\* Last Name', '\* E-Mail Address', '\* Verify E-Mail Address', '\* Password', '\* Verify Password', 'Mobile Phone', and 'Language Preference' (with a dropdown menu set to 'English'). The fields for First Name, Middle Name, Last Name, E-Mail Address, and Password are highlighted with a red border."/>

**Please Note:** Users MUST register using the same email address from which they received the invitation to enroll.

8. Confirm **Email Address**.
9. Enter **Password**.
10. Confirm **Password**.
11. Enter **Street Address, City, State, and Zip Code**.
12. Enter **Answer** to Security *Question 1*.
13. Enter **Answer** to Security *Question 2*.

Mobile Phone	Language Preference	
<input type="text"/>	English	
Street Address 1	Street Address 2	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Question	* Answer	
In what city were you born? (Enter full name of city only)	<input type="text"/>	
Question	* Answer	
What was the name of your first pet?	<input type="text"/>	
<input type="button" value="CANCEL"/> <input type="button" value="SIGN UP"/>		

14. After completing the mandatory fields, click **Sign Up**.

### Please complete your Kentucky Online Gateway Profile

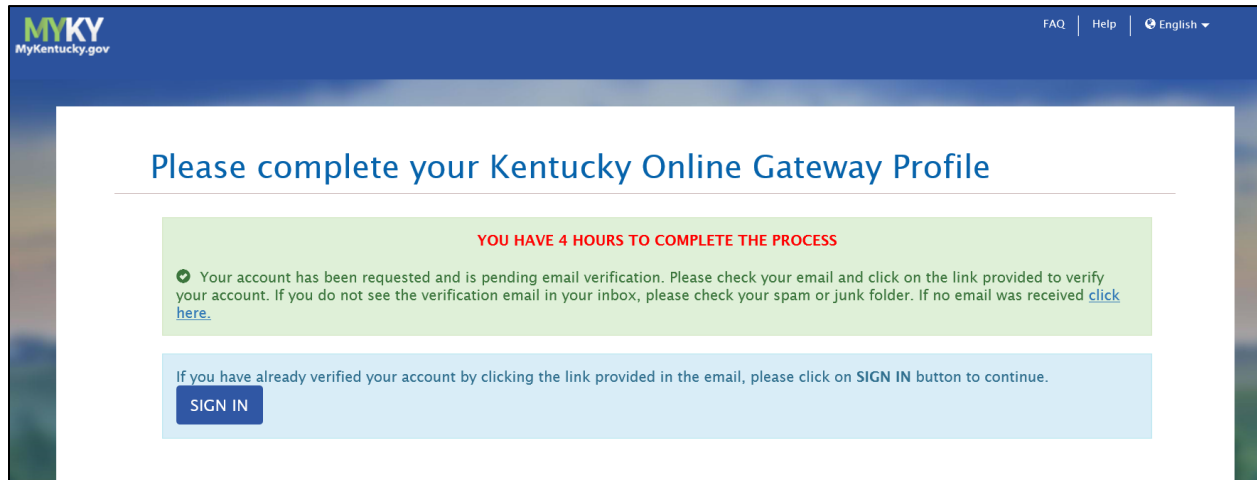
ⓘ If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the CANCEL button below to log into your account.

Please fill out the form below and click **Sign Up** when finished.

All fields with \* are required.

* First Name	Middle Name	* Last Name
<input type="text" value="Jane"/>	<input type="text" value="L"/>	<input type="text" value="Doe"/>
* E-Mail Address	* Verify E-Mail Address	
<input type="text" value="jane.doe@gmail.com"/>	<input type="text" value="jane.doe@gmail.com"/>	
* Password	* Verify Password	
<input type="text" value="....."/>	<input type="text" value="....."/>	
Mobile Phone	Language Preference	
<input type="text" value="(999) 999-9999"/>	English	
Street Address 1	Street Address 2	
<input type="text" value="11 Mill Creek Park"/>	<input type="text"/>	
City	State	Zip Code
<input type="text" value="Frankfort"/>	<input type="text" value="Kentucky"/>	<input type="text" value="40601"/>
Question	* Answer	
In what city were you born? (Enter full name of city only)	<input type="text" value="Frankfort"/>	
Question	* Answer	
What was the name of your first pet?	<input type="text" value="Fido"/>	
<input type="button" value="CANCEL"/> <input type="button" value="SIGN UP"/>		

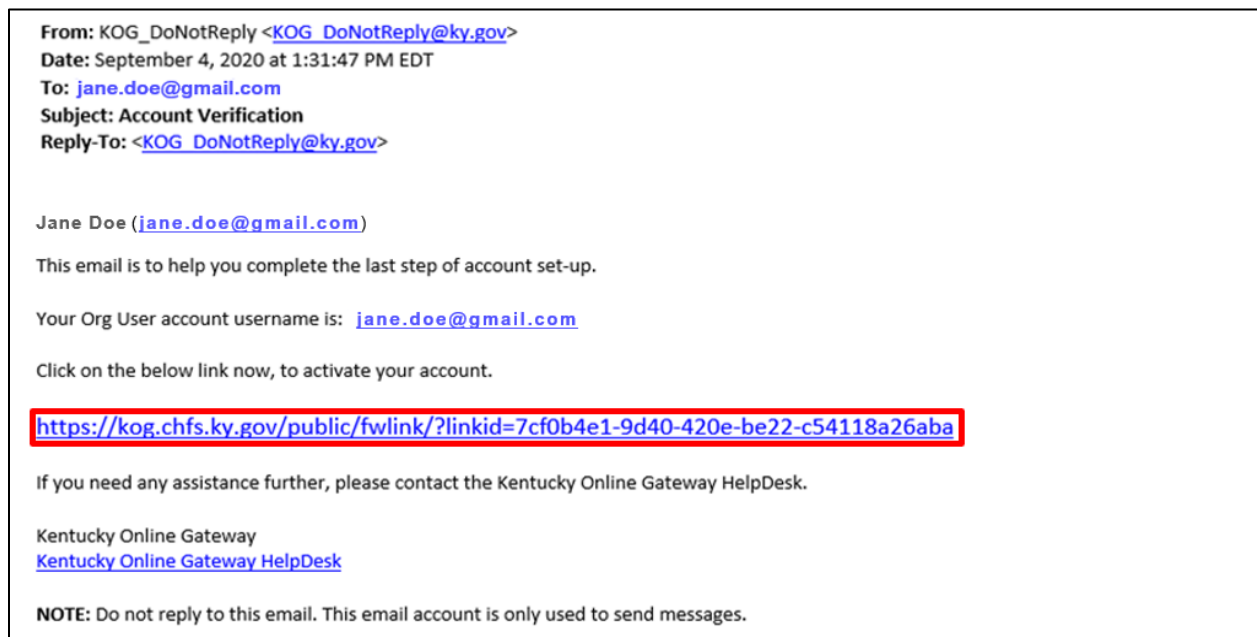
15. After clicking **Sign Up**, users will receive the following message: Your account has been requested and is pending email verification. Please check your email and click on the link provided to verify your account. Users must check their email to complete the KOG Account Validation process.



**Please Note:** If the verification email is not in the inbox, Users should check the *Junk* and *Spam* folders.

### KOG Account Validation

16. Users will receive an email at the email address they provided when creating the account. This email is titled *Account Verification* from [KOG\\_DoNotReply@ky.gov](mailto:KOG_DoNotReply@ky.gov).
17. Users must click the **link** in the email to proceed.



18. Clicking the **link** in the email takes you to the **KOG Login Page**.

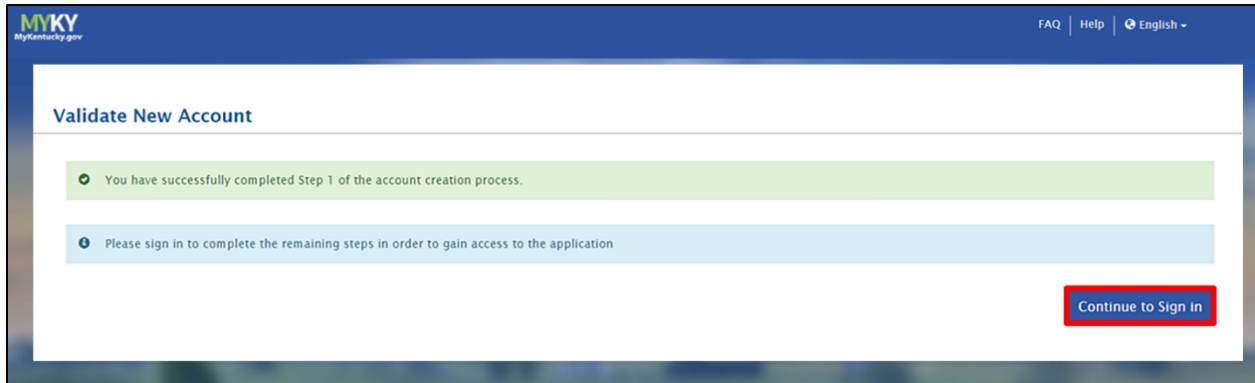
The screenshot shows the 'Citizen (or) Business Partner Sign In' page on the MyKentucky.gov website. The page has a blue header with the MYKY logo and navigation links for FAQ, Help, and English. The main content area is white and contains a sign-in form on the left and a warning box on the right. The sign-in form includes fields for Email Address and Password, a 'SIGN IN' button, and links for 'Forgot/Reset Password?' and 'Resend Account Verification Email'. The warning box contains text about the website's ownership and security. Below the warning box, there is a link to 'Create An Account' and a link to 'Click here to select user account type'.

19. When Users choose to register their phone numbers, they will have the option to receive a passcode via text.

- To register a phone number, the User should enter a phone number and click **Send Passcode**.
- When Users do not want to register a phone number, Users should click **Skip and Continue** to proceed.

The screenshot shows the 'Validate New Account' page on the MyKentucky.gov website. The page has a blue header with the MYKY logo and navigation links for FAQ, Help, and English. The main content area is white and contains a validation form. At the top, there is a blue box with an information icon and text: 'Providing your mobile number will allow for easy retrieval of email and password. It will also allow participating applications to send critical communications about your account.' Below this, there is a section titled 'Register Your Mobile Number' with a label 'Enter Mobile Phone' and a text input field containing '(999) 999-9999'. To the right of the input field is a 'Send Passcode' button. At the bottom right, there is a 'Skip and Continue' button highlighted with a red border. At the bottom, there is a 'Disclaimer' section with a list of bullet points.

20. Users must click **Continue to Sign in** to navigate to the **KOG Login Page** and complete the account creation process.



MYKY  
MyKentucky.gov

FAQ | Help | English

### Validate New Account

● You have successfully completed Step 1 of the account creation process.

● Please sign in to complete the remaining steps in order to gain access to the application

**Continue to Sign in**

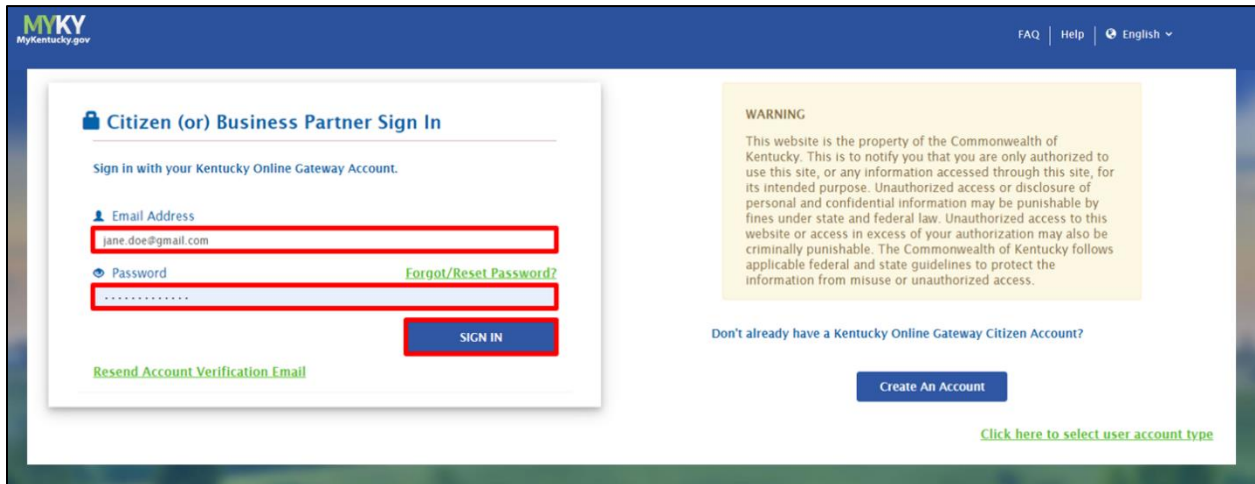
21. On the **KOG Login Page**, Users must enter their **Email Address**.

**Please Note:** Users must enter the email address provided when creating their KOG account.

22. Users must then enter their **Password**.

**Please Note:** A User's password is the password provided when creating their KOG account.

23. Users must click **Sign In** to access the ePartnerViewer.



MYKY  
MyKentucky.gov

FAQ | Help | English

### Citizen (or) Business Partner Sign In

Sign in with your Kentucky Online Gateway Account.

Email Address  
jane.doe@gmail.com

Password [Forgot/Reset Password?](#)

**SIGN IN**

[Resend Account Verification Email](#)

**WARNING**

This website is the property of the Commonwealth of Kentucky. This is to notify you that you are only authorized to use this site, or any information accessed through this site, for its intended purpose. Unauthorized access or disclosure of personal and confidential information may be punishable by fines under state and federal law. Unauthorized access to this website or access in excess of your authorization may also be criminally punishable. The Commonwealth of Kentucky follows applicable federal and state guidelines to protect the information from misuse or unauthorized access.

Don't already have a Kentucky Online Gateway Citizen Account?

**Create An Account**

[Click here to select user account type](#)



24. After Users login, they have the option to register as an organ donor.

- To register as an organ donor, Users should click **Yes, Register Now**.
- When Users do not want to register as an organ donor but want to proceed to the ePartnerViewer, they should click **Remind me later**.

The screenshot shows the 'Kentucky Online Gateway' interface. At the top, there's a navigation bar with 'Welcome Jane Doe', 'My Account', 'Sign Out', 'Help', and a language dropdown set to 'English'. The main heading is 'Register as a Kentucky Organ Donor'. Below this, a paragraph explains the partnership with Donate Life Kentucky and the KY 5877 law. A form for personal information is partially visible, with 'First Name' as 'Jane' and 'Last Name' as 'Doe'. A modal window titled 'Register as a Kentucky Organ Donor' is open, asking 'Would you like to register as an organ donor?'. It repeats the introductory text and provides two buttons: 'Yes, Register Now' (green) and 'Remind me later' (red). Below the modal, there is a legal disclaimer paragraph and a checkbox for agreement. At the bottom, there is a 'Register' button and a link to 'Continue to the Application'.

Kentucky Online Gateway

Welcome Jane Doe | My Account | Sign Out | Help | English

### Register as a Kentucky Organ Donor

With the passing of KY 5877 and in partnership with Donate Life Kentucky, the Kentucky Online Gateway has created the below form for Kentuckians to join the Kentucky Organ Donor Registry. If you'd like to join the KYDR, please fill out the required fields below, select the consent checkbox, and click the "Register" button. For more information on what it means to be an organ donor, please visit <https://donatelife.ky.org/why-donate/>.

\* First Name: Jane  
Middle Name:  
\* Last Name: Doe

#### Register as a Kentucky Organ Donor

? Would you like to register as an organ donor?

With the passing of KY 5877 and in partnership with Donate Life Kentucky, the Kentucky Online Gateway has created an online portal for Kentuckians to join the Kentucky Organ Donor Registry. For more information on what it means to be an organ donor, please visit <https://donatelife.ky.org/why-donate/>

**Yes, Register Now** **Remind me later**

By submitting this registration I affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge. This form will serve as donor document of gift as outlined in the Uniform Anatomical Gift Act. A document of gift, not revoked by the donor before death, is considered legal authorization for donation and does not require the consent of another. If I am under 18 years of age, I understand that consent must be obtained from my parents or legal guardian at the time of donation.

☐ I have read, understand, and agree to the above terms and conditions.

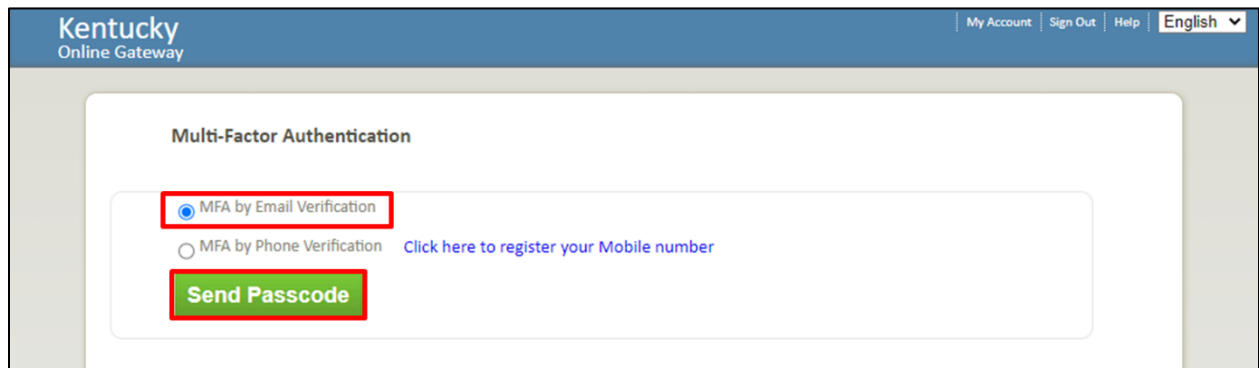
**Register** [Continue to the Application](#)

## Multi-Factor Authentication

After Users login, they are asked to complete Multi-Factor Authentication or MFA. Users have the option to receive their MFA passcode by Email or Text.

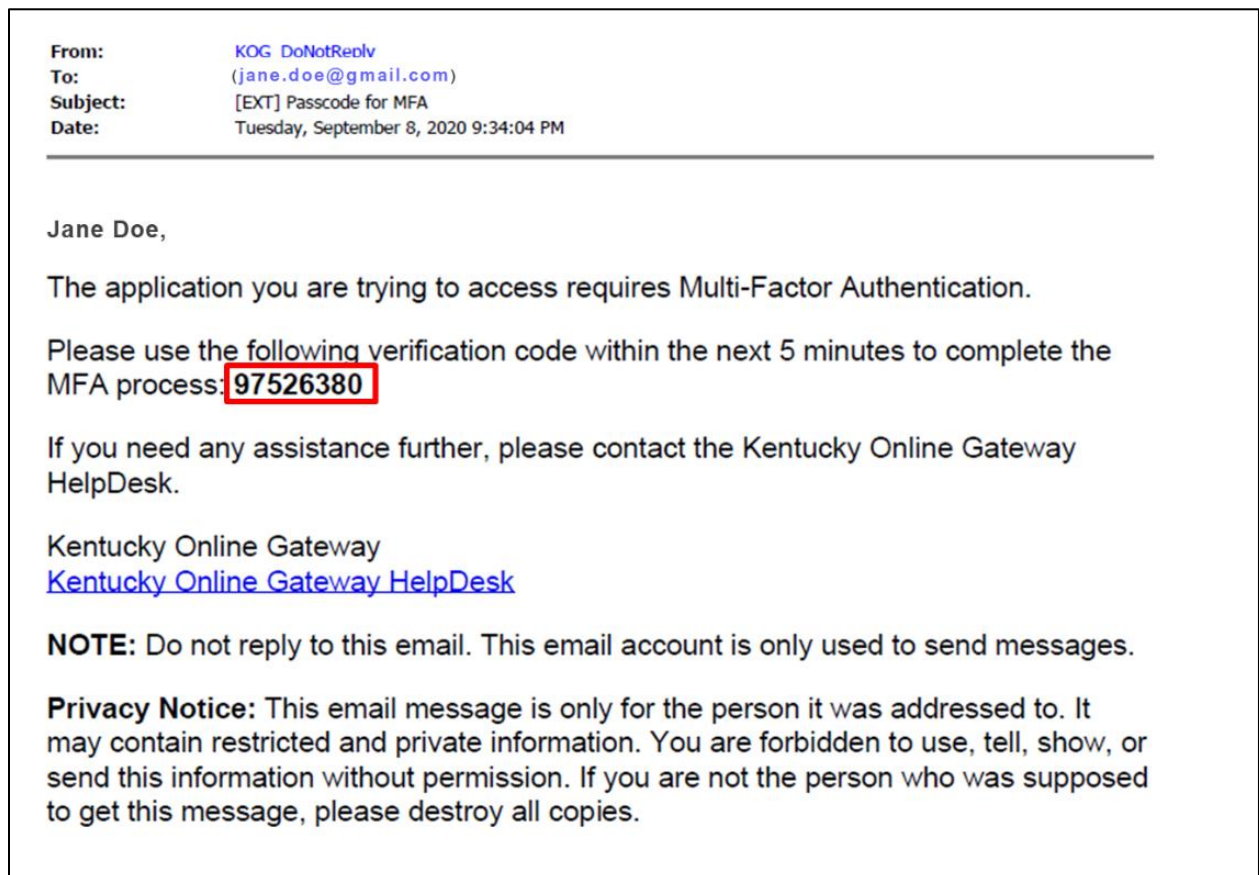
### MFA by Email Verification

1. To receive the MFA passcode by email, select the **MFA by Email Verification** button and click **Send Passcode**.



The screenshot shows the 'Multi-Factor Authentication' page of the Kentucky Online Gateway. At the top, there is a navigation bar with 'My Account', 'Sign Out', 'Help', and a language dropdown set to 'English'. The main content area has a title 'Multi-Factor Authentication' and two radio button options: 'MFA by Email Verification' (which is selected and highlighted with a red box) and 'MFA by Phone Verification' (with a link 'Click here to register your Mobile number' next to it). Below these options is a green 'Send Passcode' button, also highlighted with a red box.

2. Users must open their email in a separate tab and open an email titled *Passcode for MFA* from [KOG\\_DoNotReply@ky.gov](mailto:KOG_DoNotReply@ky.gov).



The screenshot shows an email interface with the following header information:

**From:** KOG\_DoNotReply  
**To:** (jane.doe@gmail.com)  
**Subject:** [EXT] Passcode for MFA  
**Date:** Tuesday, September 8, 2020 9:34:04 PM

---

Jane Doe,

The application you are trying to access requires Multi-Factor Authentication.

Please use the following verification code within the next 5 minutes to complete the MFA process: **97526380**

If you need any assistance further, please contact the Kentucky Online Gateway HelpDesk.

Kentucky Online Gateway  
[Kentucky Online Gateway HelpDesk](#)

**NOTE:** Do not reply to this email. This email account is only used to send messages.

**Privacy Notice:** This email message is only for the person it was addressed to. It may contain restricted and private information. You are forbidden to use, tell, show, or send this information without permission. If you are not the person who was supposed to get this message, please destroy all copies.

- Users must enter the **8-digit code** that is in the body of the email into the *Enter Passcode* field on the **Multi-Factor Authentication** screen.

Kentucky Online Gateway

Welcome Mitch Cavallo | My Account | Sign Out | Help | English

### Multi-Factor Authentication

A one-time passcode has been sent to the email address associated with this account. Please enter the passcode in the box below.

E-Mail Address  [Resend Passcode?](#)

Enter Passcode  [Authenticate](#)

Didn't get your passcode? Sometimes it can take up to 5 minutes. If it's been longer than that, press "Resend passcode" button above.

- Users must click **Authenticate** to be directed to the **Terms and Conditions** page in the ePartnerViewer.

Kentucky Online Gateway

Welcome Mitch Cavallo | My Account | Sign Out | Help | English

### Multi-Factor Authentication

A one-time passcode has been sent to the email address associated with this account. Please enter the passcode in the box below.

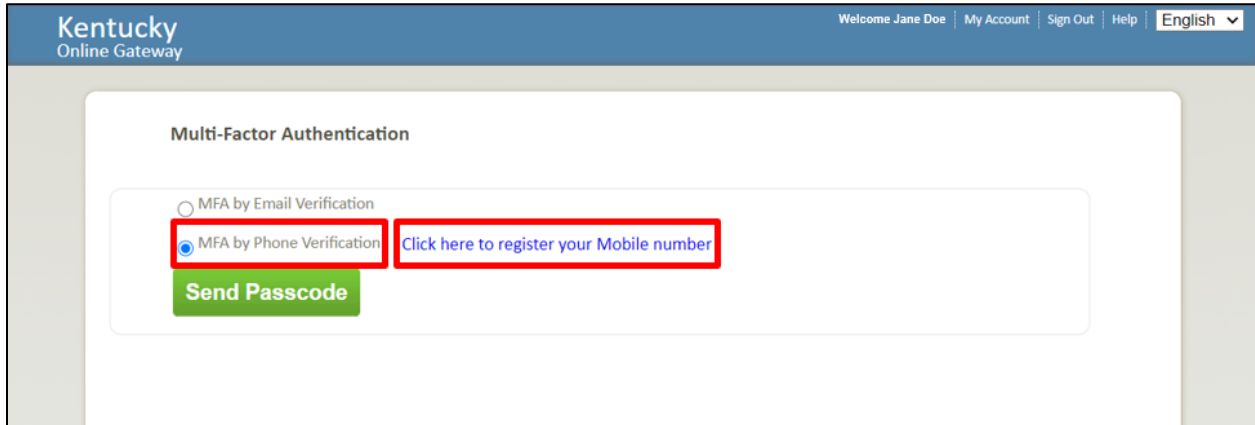
E-Mail Address  [Resend Passcode?](#)

Enter Passcode  [Authenticate](#)

Didn't get your passcode? Sometimes it can take up to 5 minutes. If it's been longer than that, press "Resend passcode" button above.

## MFA by Phone Verification

1. To receive the MFA passcode by text, click the **MFA by Phone Verification** button.
2. Users who have not registered their phone number should select **Click here to register your Mobile number**.



Kentucky Online Gateway

Welcome Jane Doe | My Account | Sign Out | Help | English

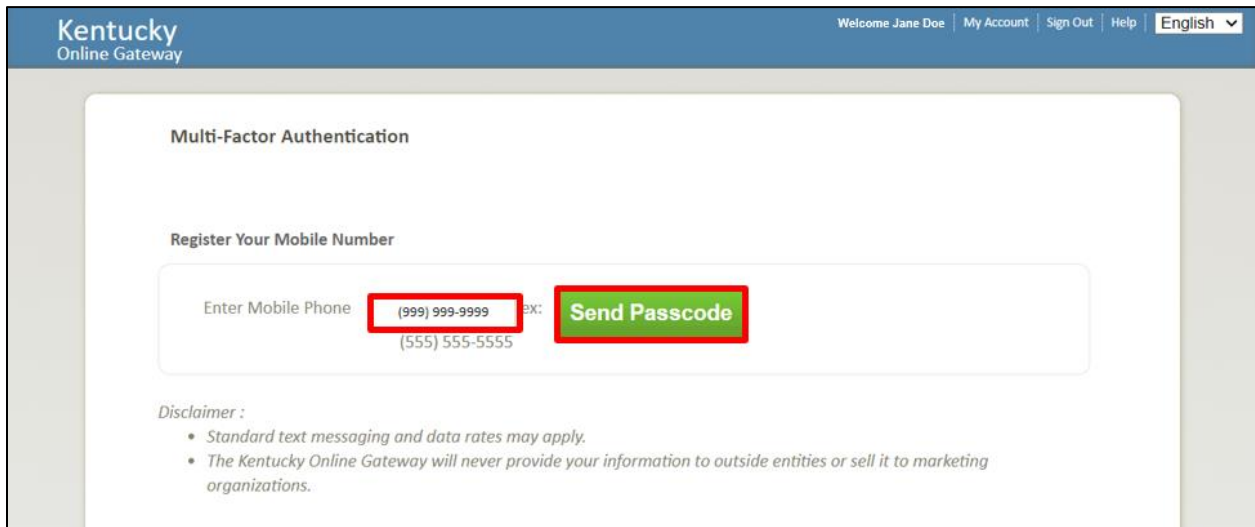
### Multi-Factor Authentication

☐ MFA by Email Verification

☒ MFA by Phone Verification [Click here to register your Mobile number](#)

**Send Passcode**

3. The **Register Your Mobile Number** screen displays for Users who have not registered their phone number. Users must enter their **mobile phone number** and click **Send Passcode**.



Kentucky Online Gateway

Welcome Jane Doe | My Account | Sign Out | Help | English

### Multi-Factor Authentication

#### Register Your Mobile Number

Enter Mobile Phone  EX:

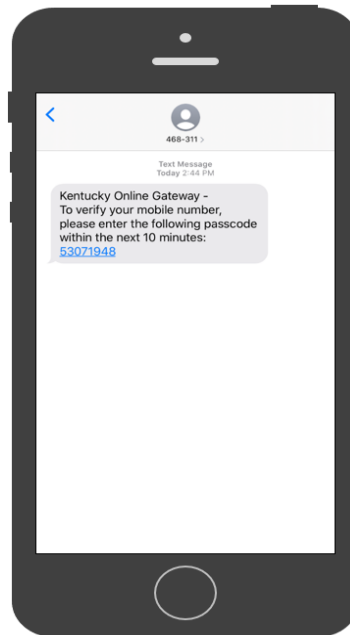
**Send Passcode**

*Disclaimer :*

- Standard text messaging and data rates may apply.
- The Kentucky Online Gateway will never provide your information to outside entities or sell it to marketing organizations.

**Please Note:** The **Register Your Mobile Number** screen does not display for Users who have already registered their phone number. Instead, these Users will be prompted to enter the passcode to validate and verify identify on the **Multi-Factor Authentication** screen.

- Users will receive a text message from the Kentucky Online Gateway that will include a passcode that will be used for verification purposes.



**Please Note:** It may take up to 5 minutes to receive the passcode via text message. Users should click **Resend passcode** if they do not receive the text message within 5 minutes.

- To verify the mobile number, Users must enter the **8-digit code** from the text message into the *Enter Passcode* field on the **Multi-Factor Authentication** screen.
- Users must click **Validate & Verify** to be directed to the **Terms and Conditions of Use** page in the ePartnerViewer.

The screenshot shows a web page titled 'Multi-Factor Authentication'. A green message states: 'Your one-time passcode has been sent as a text message to your mobile number. You have 4 minutes to enter the passcode into the below field and click the "Validate & Verify" button.' Below this is a section 'Verify Your Mobile Number' containing a form. The form has two rows. The first row has a label 'Enter Mobile Phone', a text input field with '(999) 999-9999' and '(555) 555-5555' as examples, and a green button labeled 'Resend passcode'. The second row has a label 'Enter Passcode', a text input field containing '53071948', and a green button labeled 'Validate & Verify'. At the bottom of the form, a link says 'try again.'.

**Please Note:** Users must enter the passcode within 5 minutes of receiving the text message.

### 3 Terms of Use and Logging In

After logging into the Kentucky Online Gateway and completing Multi-Factor Authentication, the **Terms of Conditions and Use** page displays. Privacy and security obligations are outlined here.

**Please Note:** The right side of the Portal is grayed out and displays a message that states:  
*Access is restricted beyond this point. You must accept the terms and conditions before proceeding.*

1. Once Users click **I Accept**, the grayed out section becomes visible. A message appears that indicates the User is associated with a particular *Organization*. This is the name of the User's organization.
2. Users must select **Proceed to Portal** to access the ePartnerViewer.

**Please Note:** Users who select **Cancel** will see a pop-up notification that indicates the User is *about to be logged out*. Use of the ePartnerViewer portal is subject to the acceptance of KHIE's Terms of Use. Users must select either **Logout Now** or **Cancel** to proceed to the ePartnerViewer.

## 4 Understanding the Lab Data Entry Drop-down Menu

The **Lab Data Entry** tab drop-down menu includes the following items:

### 1. **COVID Lab Data Entry:**

- Designed for Users to enter positive lab test results. However, Users may enter both positive and negative lab results here.
- Allows Users to enter multiple test results at the same time for the *same* patient

### 2. **Quick Entry for Negative COVID-19 Test Results:**

- Designed for Users to enter negative test results more efficiently.
- Allows Users to enter up to 10 negative test results for *multiple patients* at the same time, as long as the same details apply to all patients (i.e. the same Performing Facility, Ordering Facility/Provider, Specimen Type, Test Type, Test Name, Specimen Collection Date, and Observation Result Date).

### 3. **Lab Data Entry User Report:**

- Designed to provide a quick and easy way for Users to view lab results entered during a given time frame.

### 4. **Manage User Preferences:**

- Designed as an efficient method for Users to enter repetitive data.
- Allows Users to enter the Ordering Provider and Ordering Facility details in their User Preferences which enables Users to quickly select an Ordering Provider or Ordering Facility from the drop-down options.

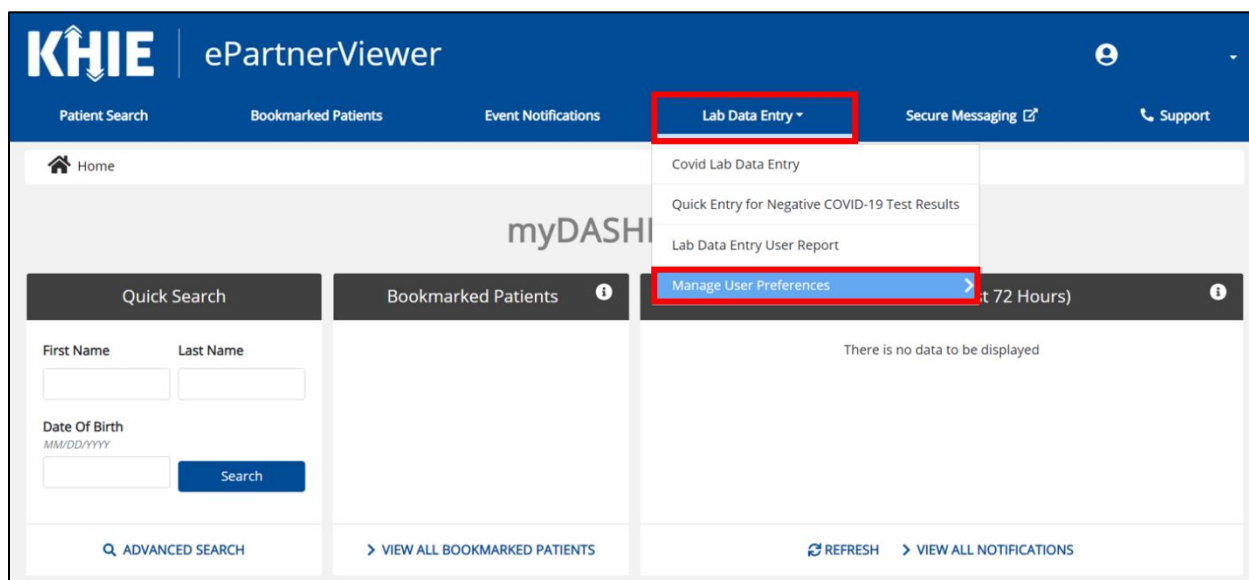
## 5 Manage User Preferences

These are your User Preferences. Prior to entering your lab results, you are required to enter information about your Ordering Provider and Ordering Facility on the **Manage User Preferences** screen. By entering the Ordering Provider and Ordering Facility details here in your user preferences, you will be able to quickly select an Ordering Provider or Ordering Facility from the drop-down options. These drop-downs are located on the **Provider Details** screen for COVID Lab Data Entry and also on the **Observation** screen for Negative Lab Quick Entry.

**Please Note:** Users are no longer required to enter Ordering Provider and/or Ordering Facility details for each COVID-19 Lab Data Entry.

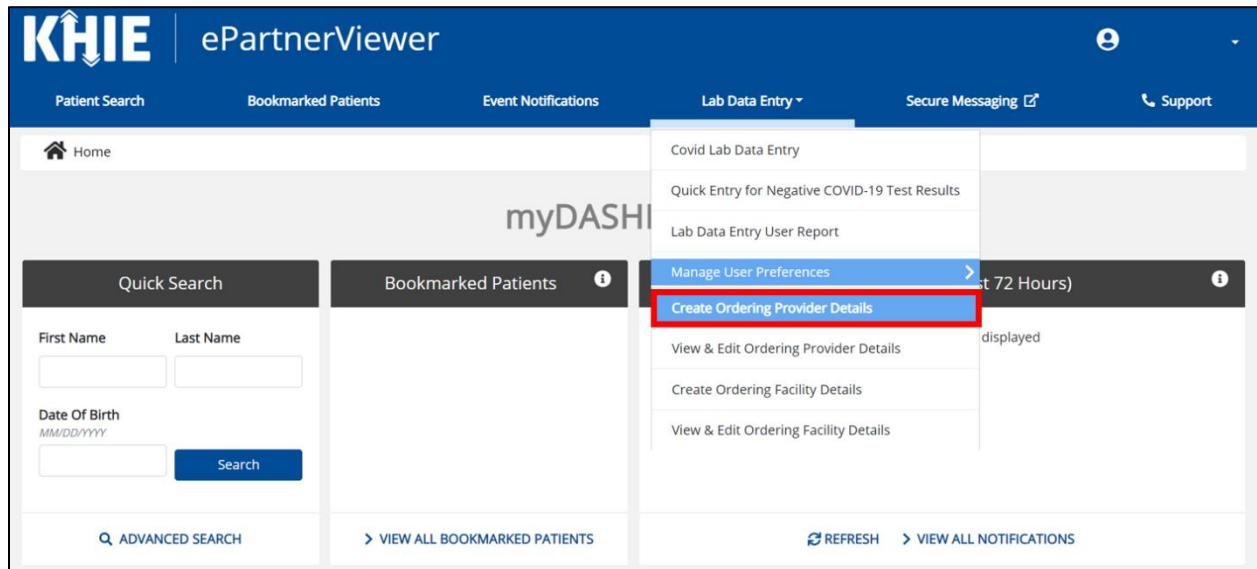
### Create Ordering Provider Details

1. When entering the ePartnerViewer, Users must click the **Lab Data Entry** Tab located in the blue ribbon Navigation Bar at the top of the screen.
2. From the **Lab Data Entry** Tab drop-down menu, select **Manage User Preferences**.





3. To create Ordering Provider details, Users must select **Create Ordering Provider Details**.



4. The Create Ordering Provider screen displays. From here, Users must enter the Ordering Provider Details. Mandatory fields are marked with asterisks (\*).
5. If available, select the appropriate **Prefix** and **Suffix** from the drop-downs.

The screenshot shows the 'CREATE ORDERING PROVIDER' form. The form has a dark header with the title 'CREATE ORDERING PROVIDER'. Below the header, there are several input fields and dropdown menus. The 'Prefix' dropdown is set to 'Dr.' and is highlighted with a red box. The 'First Name\*' field contains 'Niles' and the 'Last Name\*' field contains 'Crane'. The 'Suffix' dropdown is set to 'Select...' and is highlighted with a red box. The 'Address 1\*' field is empty. The 'Address 2' field is empty. The 'Suffix' dropdown menu is open, showing options: II, III, IV, Jr, and Sr.

6. Enter the Ordering Provider's **First Name** and **Last Name**.

[Home](#) > Create ordering provider details

Please complete the form below to create an Ordering Provider. All fields marked with an asterisk(\*) are required.

### CREATE ORDERING PROVIDER

Prefix

First Name\*

Last Name\*

Suffix

7. Enter the Ordering Provider's **Address, City, State, Zip Code**, and **State**.

8. Enter the **Provider NPI**.

Address 1\*

Address 2

City\*

State\*

Zip Code\*

Phone Number

Provider NPI\*

9. If available, enter the Ordering Provider's **Phone Number**.

10. After completing the mandatory fields, click **Save**.

Address 1\* 9876 Second Street

Address 2 Unit,Suite,Building,etc.

City\* Frankfort State\* KY

Zip Code\* 40601 Phone Number (555) 202-0102

Provider NPI\* 1098765432

Clear Save

11. The Create Ordering Provider Details pop-up window displays. Click **OK** to proceed to the **View & Edit Ordering Provider Details** screen.

Home > Create ordering provider details

Please complete the form below to create an Ordering Provider. All fields marked with an asterisk(\*) are required.

Create Ordering Provider Details

Ordering Provider Details saved successfully

OK

Clear Save

## View & Edit Ordering Provider Details

12. The **View & Edit Ordering Provider Details** screen displays. To edit an Ordering Provider's details, click the **Edit** icon located next to the appropriate Ordering Provider.









**KHIE ePartnerViewer**

Patient Search Bookmarked Patients Event Notifications Lab Data Entry Secure Messaging Support

Home > View ordering provider details

**VIEW & EDIT ORDERING PROVIDER DETAILS** REFRESH APPLY FILTER

SHOWING 4 ITEMS

ACTIONS	NAME	NPI	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
 	Dr. Niles Crane, Jr	1098765432	9876 Second Street		Frankfort	KY	40601	(555) 202-0102
 	George Costanza	7890000	7 Festivus Road		Lexington	KY	40509	(555) 777-1010
 	Joe Smith	98765	22 Second Avenue		Lexington	KY	40509	(859) 111-0000
 	Fraiser Crane	123456	123 Main Street		Frankfort	KY	40601	(555) 500-5000

First Back 1 Next Last Maximum 5 entries per page

13. The **Update Ordering Provider Details** pop-up displays. Users may edit the appropriate fields. Once complete, click **Save** to save the updates and close out of the pop-up.









**KHIE ePartnerViewer**

Patient Search Bookmarked Patients Event Notifications Lab Data Entry Secure Messaging Support

Home > View ordering provider details

**VIEW & EDIT ORDERING PROVIDER DETAILS** REFRESH APPLY FILTER

SHOWING 4 ITEMS

ACTIONS	NAME	NPI
 	Dr. Niles Crane, Jr	1098765432
 	George Costanza	7890000
 	Joe Smith	98765
 	Fraiser Crane	123456

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**Update Ordering Provider Details**

Provider NPI\* 1098765432

Prefix Dr. x | v

First Name\* Niles Last Name\* Crane

Suffix Jr x | v

Address 1\* 9876 Second Street Address 2 Unit, Suite, Building, etc.

City\* Frankfort State\* KY x | v

Zip Code\* 40601- Phone Number (555) 202-0102

Cancel Save

Version: 1.0.0

14. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

The screenshot shows the 'VIEW & EDIT ORDERING PROVIDER DETAILS' interface. A modal window titled 'Update Ordering Provider Details' is displayed in the center, containing the message 'Ordering Provider Details updated successfully' and an 'OK' button. The background table lists four providers with columns for ACTIONS, NAME, NPI, ADDRESS, STATE, ZIP CODE, and PHONE NUMBER. The first two rows are visible: Dr. Niles Crane, Jr. and George Costanza.

### Delete Ordering Provider Details

15. To delete an Ordering Provider from the User Preferences, click the **Trash Bin Icon** located next to the appropriate Ordering Provider.

The screenshot shows the 'VIEW & EDIT ORDERING PROVIDER DETAILS' interface. A table lists four providers. The 'ACTIONS' column for the first row, 'Dr. Niles Crane, Jr.', has a red trash bin icon highlighted with a red box. The table has columns for ACTIONS, NAME, NPI, ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP CODE, and PHONE NUMBER. At the bottom, there are pagination controls (First, Back, 1, Next, Last) and a 'Maximum 5 entries per page' dropdown.

16. The Delete Ordering Provider Details pop-up displays. To delete the Ordering Provider, click **OK**. Click **Cancel** if you don't want to delete the Ordering Provider.









The screenshot shows the 'VIEW & EDIT ORDERING PROVIDER DETAILS' interface. A modal window titled 'Delete Ordering Provider Details' is displayed in the center, containing the question 'Are you sure?' and 'Cancel' and 'OK' buttons. The background table is the same as in the previous screenshot, showing the list of providers.

17. To search for a specific Ordering Provider in the User Preferences, click **Apply Filter**.

Home > View ordering provider details

VIEW & EDIT ORDERING PROVIDER DETAILS REFRESH APPLY FILTER

SHOWING 4 ITEMS









ACTIONS	NAME	NPI	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
 	Dr. Niles Crane, Jr	1098765432	9876 Second Street		Frankfort	KY	40601	(555) 202-0102
 	George Costanza	7890000	7 Festivus Road		Lexington	KY	40509	(555) 777-1010
 	Joe Smith	98765	22 Second Avenue		Lexington	KY	40509	(859) 111-0000
 	Fraiser Crane	123456	123 Main Street		Frankfort	KY	40601	(555) 500-5000

First Back 1 Next Last Maximum 5 entries per page

18. The Filter fields display. Users may search by entering the **Ordering Provider's Name, NPI, Address, City, State, Zip Code**, and/or **Phone Number** in the corresponding Filter fields.

VIEW & EDIT ORDERING PROVIDER DETAILS REFRESH HIDE FILTER

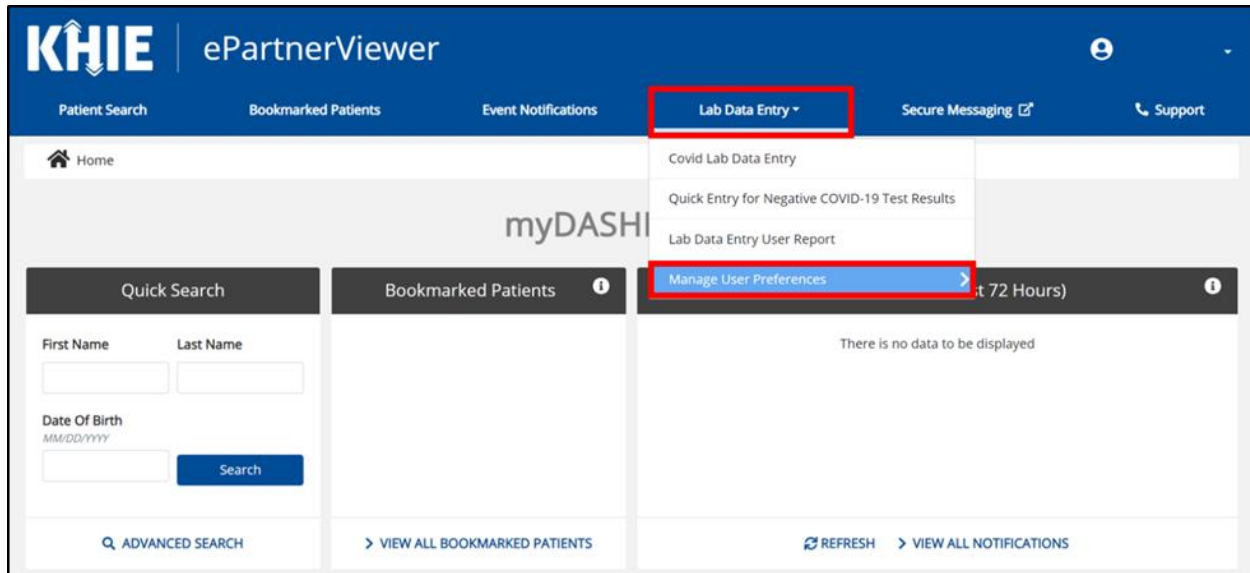
SHOWING 4 ITEMS

ACTIONS	NAME	NPI	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
	Enter Name...	Enter NPI...	Enter Address 1...	Enter Address 2...	Enter City...	Enter State...	Enter Zip Code...	Enter Phone Numi...
 	Dr. Niles Crane, Jr	1098765432	9876 Second Street		Frankfort	KY	40601	(555) 202-0102
 	George Costanza	7890000	7 Festivus Road		Lexington	KY	40509	(555) 777-1010
 	Joe Smith	98765	22 Second Avenue		Lexington	KY	40509	(859) 111-0000
 	Fraiser Crane	123456	123 Main Street		Frankfort	KY	40601	(555) 500-5000

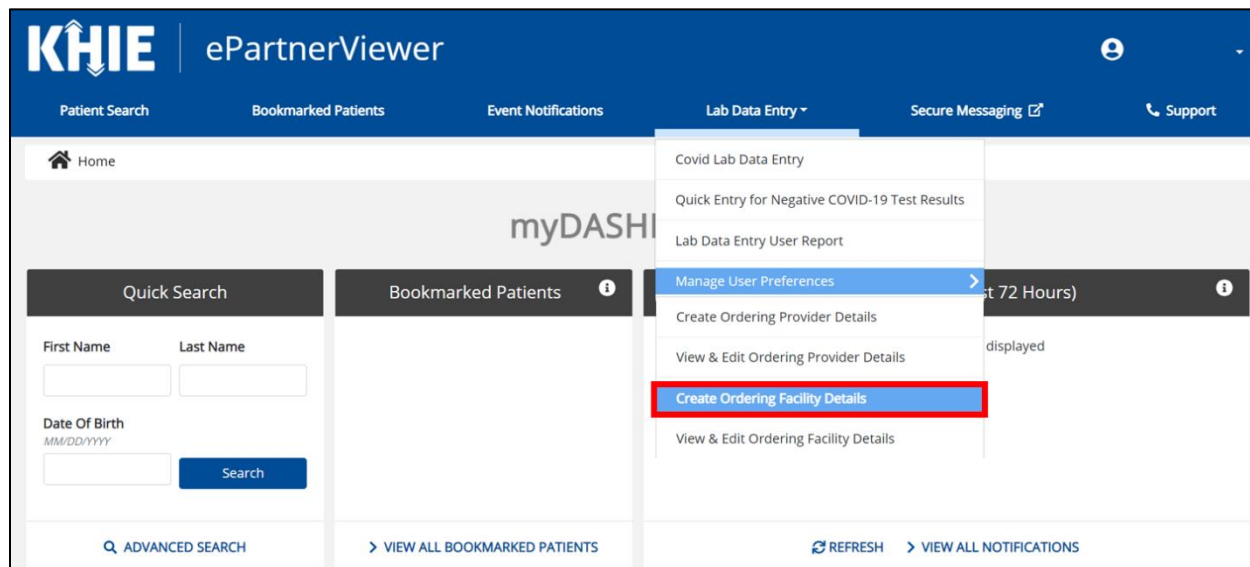
First Back 1 Next Last Maximum 5 entries per page

## Create Ordering Facility Details

1. When entering the ePartnerViewer, Users must click the **Lab Data Entry** Tab located in the blue ribbon Navigation Bar at the top of the screen.
2. From the **Lab Data Entry** Tab drop-down menu, select **Manage User Preferences**.



3. From Manage User Preferences, select **Create Ordering Facility Details**.



4. The **Create Ordering Facility Details** screen displays. From here, Users must enter the Ordering Facility details. Mandatory fields are marked with asterisks (\*).
5. Enter the **Facility Name, Address, City, State, Zip Code,** and **State.**

[Home](#) > Create ordering facility details

Please complete the form below to create an Ordering Facility. All fields marked with an asterisk(\*) are required.

CREATE ORDERING FACILITY

Facility Name\*

Address 1\*

Address 2

Unit,Suite,Building,etc.

City\*

State\*

Select...

Zip Code\*

Phone Number

(XXX)XXX-XXXX

Clear

Save



6. If available, enter the Ordering Facility's **Phone Number**.
7. After completing the mandatory fields, click **Save**.

### CREATE ORDERING FACILITY

Facility Name\*

Union Medical Clinic

Address 1\*

460 Union Court

Address 2

100

City\*

Frankfort

State\*

KY

Zip Code\*

40509

Phone Number

(859) 555-4321

Clear

Save

8. The Create Ordering Facility Details pop-up window displays. Click **OK** to proceed to the **View & Edit Ordering Facility Details** screen.

Home > Create ordering facility details

Please complete the form below to create an Ordering Facility. All fields marked with an asterisk(\*) are required.

Create Ordering Facility Details

Ordering Facility Details saved successfully







OK

Clear

Save

## View & Edit Ordering Facility Details

9. The **View & Edit Ordering Facility Details** screen displays. To edit an Ordering Facility's details, click the **Edit icon** located next to the appropriate Ordering Facility.

ACTIONS	FACILITY NAME	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
 	Union Medical Clinic	460 Union Court	100	Frankfort	KY	40509	(859) 555-4321
 	Test Community Hospital	1 First Avenue		Frankfort	KY	40601	(123) 456-7890
 	Mercy Medical Center	321 Hospital Avenue		Frankfort	KY	40601	(555) 123-4567

10. The **Update Ordering Facility Details** pop-up displays. Users may edit the appropriate fields. Once complete, click **Save** to save the updates.

Update Ordering Facility Details

Facility Name\* Union Medical Clinic

Address 1\* 460 Union Court Address 2 100

City\* Frankfort State\* KY

Zip Code\* 40509- Phone Number (859) 555-4321

Cancel Save

11. Once the update is successfully saved, a pop up message displays. To proceed, click **OK**.

Update Ordering Facility Details

Ordering Facility Details updated successfully







OK

## Delete Ordering Facility Details

12. To delete an Ordering Facility from the User Preferences, click the **Trash Bin Icon** located next to the appropriate Ordering Facility.

VIEW & EDIT ORDERING FACILITY DETAILS

SHOWING 3 ITEMS

ACTIONS	FACILITY NAME	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
 	Union Medical Clinic	460 Union Court	100	Frankfort	KY	40509	(859) 555-4321
 	Test Community Hospital	1 First Avenue		Frankfort	KY	40601	(123) 456-7890
 	Mercy Medical Center	321 Hospital Avenue		Frankfort	KY	40601	(555) 123-4567





First Back 1 Next Last

Maximum 5 entries per page

13. The Delete Ordering Provider Details pop-up displays. To delete the Ordering Facility, click **OK**. Click **Cancel** if you don't want to delete the Ordering Facility.

VIEW & EDIT ORDERING FACILITY DETAILS

SHOWING 3 ITEMS

ACTIONS	FACILITY NAME	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
 	Union Medical Clinic	460 Union Court	100	Frankfort	KY	40509	(859) 555-4321
 	Test Community Hospital	1 First Avenue		Frankfort	KY	40601	(123) 456-7890

First Back 1 Next Last

Maximum 5 entries per page

Delete Ordering Facility Details

Are you sure?







Cancel OK

14. To search for a specific Ordering Facility in the User Preferences, click **Apply Filter**.

Home > View ordering facility details

VIEW & EDIT ORDERING FACILITY DETAILS

SHOWING 3 ITEMS



ACTIONS	FACILITY NAME	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
 	Union Medical Clinic	460 Union Court	100	Frankfort	KY	40509	(859) 555-4321
 	Test Community Hospital	1 First Avenue		Frankfort	KY	40601	(123) 456-7890
 	Mercy Medical Center	321 Hospital Avenue		Frankfort	KY	40601	(555) 123-4567

First Back 1 Next Last

Maximum 5 entries per page

REFRESH APPLY FILTER

15. The Filter fields display. Users may search by entering the **Facility Name**, **Address**, **City**, **State**, **Zip Code**, and/or **Phone Number** in the corresponding Filter fields.


ePartnerViewer








[Patient Search](#)
[Bookmarked Patients](#)
[Event Notifications](#)
[Lab Data Entry](#)
[Secure Messaging](#)
[Support](#)

[Home](#) > [View ordering facility details](#)

VIEW & EDIT ORDERING FACILITY DETAILS

[REFRESH](#)
[HIDE FILTER](#)

SHOWING 3 ITEMS

	FACILITY NAME	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
ACTIONS	Enter Facility Nam	Enter Address 1...	Enter Address 2...	Enter City...	Enter State...	Enter Zip Code...	Enter Phone Num
 	Union Medical Clinic	460 Union Court	100	Frankfort	KY	40509	(859) 555-4321
 	Test Community Hospital	1 First Avenue		Frankfort	KY	40601	(123) 456-7890
 	Mercy Medical Center	321 Hospital Avenue		Frankfort	KY	40601	(555) 123-4567

[First](#)
[Back](#)
[1](#)
[Next](#)
[Last](#)

Maximum 5 entries per page

## 6 Tips for Manually Entering Lab Data

Become familiar with these tips prior to entering lab results. Please keep in mind several key notes when entering patient data:

- There are **mandatory** fields marked with **red asterisks (\*)**. These fields must be completed in order to proceed. In addition to completing the mandatory fields, Users are encouraged to enter as much information as possible.

Please complete the form below. All fields marked with asterisk(\*) are required.

### PATIENT INFORMATION

Performing Facility Name*	Select...   v	Patient MRN* ?	
First Name*		Middle Initial	

- Help Icons* are available to guide Users while entering data in the fields.

Patient Information   Observation   Ask On Order Entry   Lab Data Review   Submit

Please complete the form below. All fields marked with asterisk(\*) are required.

### PATIENT INFORMATION

Performing Facility Name*	Select...   v	Patient MRN* ?	
---------------------------	---------------	----------------	--

An MRN or Medical Record Number is an Organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you MUST create a way to uniquely identify your patient.

- For entering address information, all States are available for selection in the *State* field drop-down. When Users select the **state of Kentucky**, all Kentucky counties are available for selection in the *County* drop-down.

The screenshot shows a form with the following fields: City, State (set to KY), Zip Code, County (open dropdown), Phone Number, and Email Address. The County dropdown menu is open, showing a list of Kentucky counties: Adair, Allen, Anderson, Ballard, Barren, Bath, and Bell. The entire dropdown menu is highlighted with a red rectangular box. At the bottom of the form, there is a blue banner with the text 'HEALTHINTERACTIVE HIE'.

- However, when Users select **any state other than Kentucky**, the system will display the message *Out of System State* and will not display counties in the *County* drop-down.

The screenshot shows the same form as above, but with the State field set to 'AR' and the County field set to 'Out Of System State'. Both the State and County fields are highlighted with red rectangular boxes. The County dropdown menu is closed.

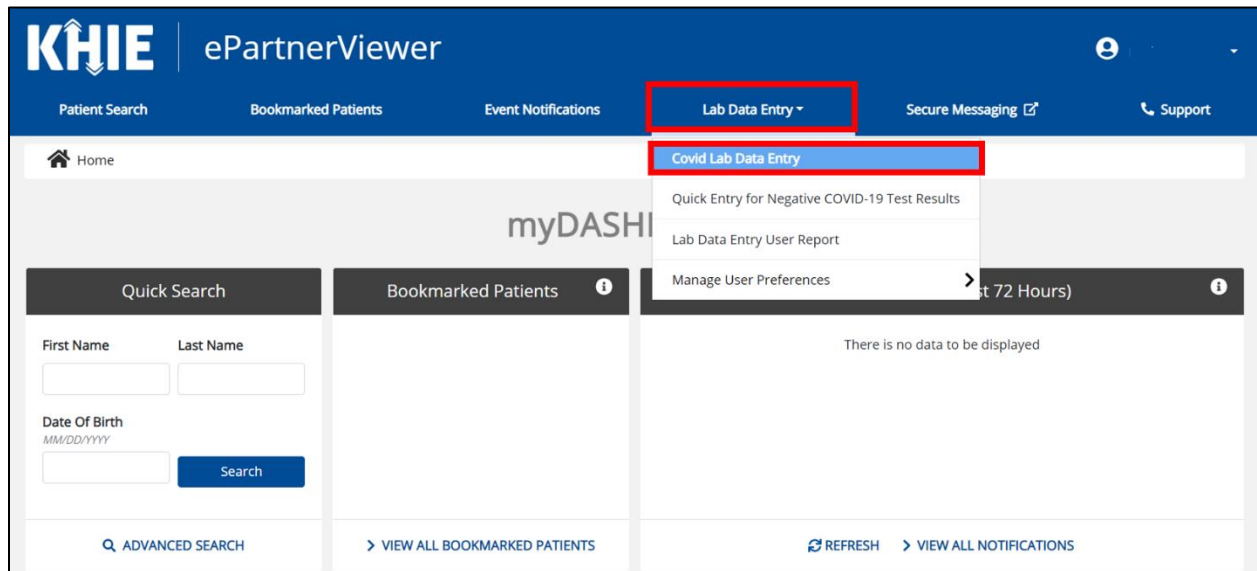
**Please Note:** The Kentucky Department for Public Health does not report test results to other states. If you are required to report results to other states, you will be responsible to do so.

## *Let's Get Started with COVID-19 Lab Data Entry!*

### 7 Lab Data Entry

#### COVID Lab Data Entry

1. To enter positive COVID-19 test results, Users must click the **Lab Data Entry** Tab in the blue ribbon Navigation Bar at the top of the screen.
2. Users must select **COVID Lab Data Entry** from the drop-down menu.



**Please Note:** Users who have access to clinical information will see other tabs displayed in addition to the **Lab Data Entry** Tab.

## 8 Patient Information

COVID Lab Data Entry is a six-step process where Users enter (1) Patient Information, (2) Observation Results, (3) Provider Details, and answers to specific questions (4) Asked on Order Entry. The (5) **Lab Data Review** screen is where users must review the information they've entered. The final step is (6) Submitting the COVID-19 Lab Data Entry.

The screenshot shows the ePartnerViewer interface. At the top, there's a navigation bar with links: Patient Search, Bookmarked Patients, Event Notifications, Lab Data Entry (selected), Secure Messaging, and Support. Below this is a breadcrumb trail: Home > Lab Data Entry. A horizontal progress bar is displayed with five steps: 1. Patient Information (highlighted with a red box), 2. Observation, 3. Ask On Order Entry, 4. Lab Data Review, and 5. Submit. Below the progress bar, a message states: "Please complete the form below. All fields marked with asterisk(\*) are required." The main section is titled "PATIENT INFORMATION" in a dark header. Below this header, there are two input fields: "Performing Facility Name\*" with a dropdown menu showing "Select..." and "Patient MRN\*" with a text input field.

1. To start the COVID-19 Lab Data Entry, Users must complete the **Patient Information** section.
2. Users select the **Performing Facility Name** from the drop-down. This will be the name of the organization that resulted the lab for which you are entering results; this is usually the name of the organization with whom you are associated.

This screenshot shows the "PATIENT INFORMATION" form. At the top, a message states: "Please complete the form below. All fields marked with asterisk(\*) are required." The form has a dark header with the title "PATIENT INFORMATION". Below the header, there are several input fields: "Performing Facility Name\*" (a dropdown menu with "Select..." and a list of options including "Aegis Sciences Corporation", "Afzal, Mohammad MD, Internal Medicine, LLC", "Bluewater Diagnostics", "DDE REGRESSION TEST UAT 2ND", and "DDE REGRESSION TEST UAT ONE"), "Patient MRN\*" (a text input field), "First Name\*" (a text input field), "Middle Initial" (a text input field), "Last Name\*" (a text input field), "SSN Number" (a text input field), "Date Of Birth\*" (a text input field), "Patient Sex\*" (a dropdown menu with "Select..." and a list of options), "Race\*" (a dropdown menu with "Select..." and a list of options), and "Ethnicity\*" (a dropdown menu with "Select..." and a list of options). The "Performing Facility Name\*" dropdown menu is highlighted with a red box.



- Users must enter the patient's **Medical Record Number (MRN)**. An MRN is an organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you **MUST** create a way to uniquely identify your patient so that the patient is registered in the KHIE system.
- Users must enter the patient's **First Name** and **Last Name**.
- If available, enter the patient's **Middle Initial**.
- Next, Users should enter the patient's **Social Security Number (SSN)**.

PATIENT INFORMATION			
Performing Facility Name*	Test Medical Center x   v	Patient MRN* ?	<input type="text"/>
First Name*	<input type="text"/>	Middle Initial	<input type="text"/>
Last Name*	<input type="text"/>	SSN Number	<input type="text"/>

- Then, Users must enter the patient's **Date of Birth** by entering 2 digits for the month, 2 digits for the day, and 4 digits for the year.
  - Users may also click the *Date of Birth* field to bring up a calendar.
  - Users may click a **date on the calendar** or use the field drop-downs to select the month and the year.
  - Users **should ensure** they are selecting the correct year when using the calendar function.

Performing Facility Name*	<div> <div>April 2021</div> <div> <div>April</div> <div>2021</div> </div> </div>	Patient MRN* ?	DM1234567
First Name*	<div> <div>Su</div> <div>Mo</div> <div>Tu</div> <div>We</div> <div>Th</div> <div>Fr</div> <div>Sa</div> </div> <div> <div>28</div> <div>29</div> <div>30</div> <div>31</div> <div>1</div> <div>2</div> <div>3</div> </div> <div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> </div> <div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>15</div> <div>16</div> <div>17</div> </div> <div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> </div> <div> <div>25</div> <div>26</div> <div>27</div> <div>28</div> <div>29</div> <div>30</div> <div>1</div> </div>		

- If the patient is either under one year old or more than 100 years old, a notification pop-up will display to confirm the correct birth year has been entered or selected. Users may not proceed to the next page until updating or confirming the patient's birth year.

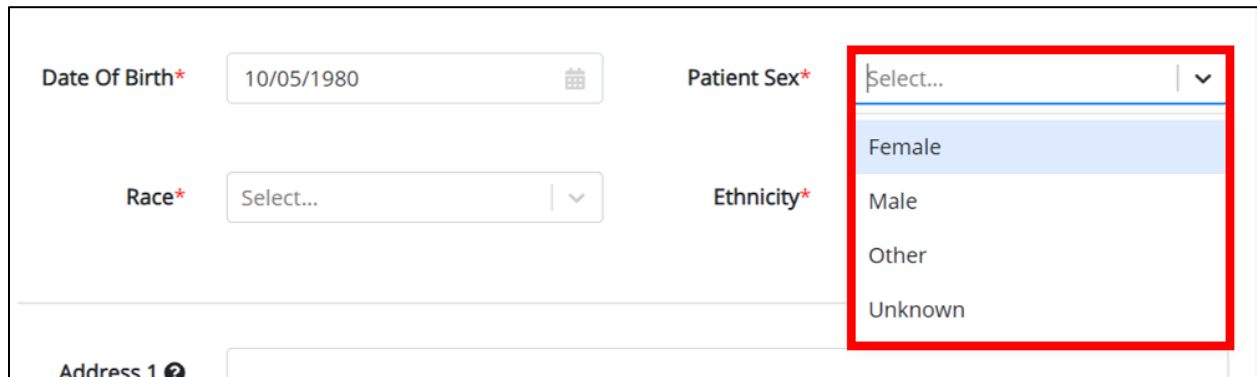
The screenshot shows a 'Patient Information' form with fields for Address 1 (123 Test St), Address 2 (Unit, Suite, #), City (Frankfort), Zip Code, and County (Adair). A modal pop-up titled 'Patient Information' is displayed in the center. It contains a yellow warning icon and the text: 'The Date of Birth entered indicates that the patient is under 1 year old. Is this correct?'. At the bottom of the pop-up are two buttons: 'Yes' (blue) and 'No' (red, highlighted with a red border).

**Please Note:** If the date of birth is incorrect, Users should click **No** to enter the correct date of birth for the patient.

The screenshot shows the same 'Patient Information' form. A modal pop-up titled 'Patient Information' is displayed in the center. It contains a yellow warning icon and the text: 'The Date of Birth entered indicates that the patient is more than 100 years old. Is this correct?'. At the bottom of the pop-up are two buttons: 'Yes' (red, highlighted with a red border) and 'No' (blue).

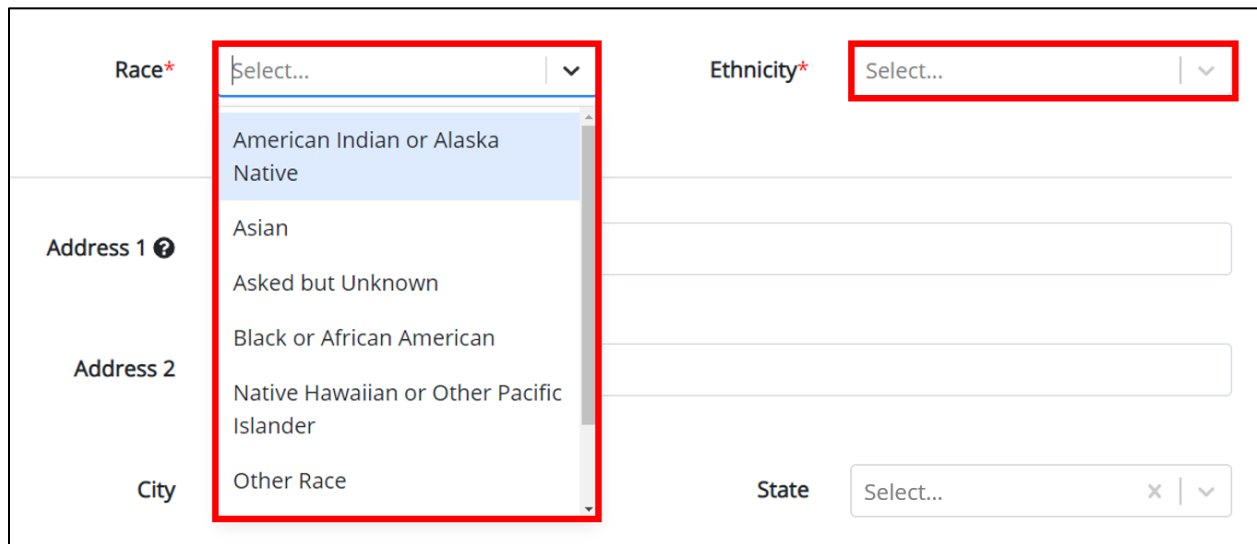
**Please Note:** If the date of birth is correct, Users may proceed by selecting **Yes** to confirm that the patient is either under one year old or more than 100 years old.

8. Users must select the **Patient Sex** from the drop-down.



A screenshot of a patient information form. The 'Date Of Birth\*' field contains '10/05/1980'. The 'Patient Sex\*' dropdown menu is open, showing options: 'Select...', 'Female', 'Male', 'Other', and 'Unknown'. The 'Race\*' and 'Ethnicity\*' fields are also visible, both with 'Select...' as the current selection. The 'Address 1' field is partially visible at the bottom.

9. Users must select the patient's **Race** and **Ethnicity** from the appropriate field drop-downs.



A screenshot of a patient information form. The 'Race\*' dropdown menu is open, showing options: 'Select...', 'American Indian or Alaska Native', 'Asian', 'Asked but Unknown', 'Black or African American', 'Native Hawaiian or Other Pacific Islander', and 'Other Race'. The 'Ethnicity\*' dropdown menu is also open, showing 'Select...'. The 'Address 1', 'Address 2', 'City', and 'State' fields are visible, with 'State' having a 'Select...' dropdown.

10. Users should enter the patient's **Street Address, City, State, Zip Code, and County.**

- Users should enter the patient's home address. However, in cases of congregate care, Users should enter the address of the nursing home, group home, or similar congregate care facility.
- Users may hover over the Help Icon to assist with entering the correct address information for the patient tested.

Address 1 ?	<input type="text"/>		
Address 2	<input type="text" value="Unit, Suite, Building, etc."/>		
City	<input type="text"/>	State	<input type="text" value="Select..."/>
Zip Code	<input type="text"/>	County	<input type="text" value="Select..."/>

**Please Note:** When entering the test results of facility employees, please enter the **home address** not the work address.

11. Users should enter the patient's **nine-digit telephone number** in the *Telephone* field.

12. Users should enter the patient's **email address** in the *Email* field.

- If either the telephone number or email address is not in the appropriate format, a pop up notification prevents you from proceeding to the next page until the format error is fixed.

Phone Number	<input type="text"/>	Email Address	<input type="text"/>
--------------	----------------------	---------------	----------------------

13. When the **Patient Information** section has been completed, Users must click **Next** to proceed to the **Observation** page.

PATIENT INFORMATION			
Performing Facility Name*	Test Medical Center	Patient MRN* ?	DM1234567
First Name*	Daphne	Middle Initial	L
Last Name*	Moon	SSN Number	444-32-1234
Date Of Birth*	10/05/1980	Patient Sex*	Female
Race*	White	Ethnicity*	Not Hispanic or Latino
Address 1 ? 236 Cedarwood Avenue			
Address 2 Unit, Suite, Building, etc.			
City	Lexington	State	KY
Zip Code	40511	County	Fayette
Phone Number	(555) 212-9876	Email Address	daphnemoon@test.com
			Next

## 9 Observation

### Ordering Section

On the **Observation** page, Users must select at least one of the options available for ordering details: **EITHER** the Ordering Facility **OR** the Ordering Provider. While it is not required to select an Ordering Provider **and** an Ordering Facility, Users who have the information are encouraged to select an option for both sections. The drop-down options display the Ordering Provider and Ordering Facility details entered by the User on the **Manage User Preferences** screen.

**KHIE | ePartnerViewer**

Patient Search   Bookmarked Patients   Event Notifications   Lab Data Entry ▾   Secure Messaging   Support

Home > Lab Data Entry

1 Patient Information   2 **Observation**   3 Ask On Order Entry   4 Lab Data Review   5 Submit

You must select at least one of the options available for ordering details: Ordering Facility or Ordering Provider.

**ORDERING**

Facility Name Select...

**Option 1:**  
Select the appropriate **Facility Name**.

**AND/OR**

Provider Name Select...

**Option 2:**  
Select the appropriate **Provider Name**.

**OBSERVATION**

Filler Order Number\*

Date Test Ordered

Specimen Collection Date\*

Specimen Type\*

1. On the **Observation** page, Users start by selecting at least one of the options available in the *Ordering* section: **Facility Name** or **Provider Name**.
  - If applicable, select the appropriate **Facility Name** from the drop-down.

You must select at least one of the options available for ordering details: Ordering Facility or Ordering Provider.

### ORDERING

Facility Name ?

Provider Name ?

Provider NPI

Mercy Medical Center

Test Community Hospital

Union Medical Clinic

- If applicable, select appropriate **Provider Name** from the drop-down.

You must select at least one of the options available for ordering details: Ordering Facility or Ordering Provider.

### ORDERING

Facility Name ?

Provider Name ?

Provider NPI

Dr. Niles Crane, Jr

Fraiser Crane

George Costanza

Joe Smith

Filler Order

Date Test Ordered

### OBSERVATION

- Upon selecting the **Provider Name** from the drop-down, the *Provider NPI* field automatically populates.

### ORDERING

Facility Name ?

Provider Name ?

Provider NPI

**Please Note:** If the User clicks **Next** but did not select **at least one** Provider or Facility, a banner displays with a message that states:

*You must select at least one of the options available for ordering details: Ordering Facility or Ordering Provider.*

The User must select a **Facility Name** and/or **Provider Name** from the appropriate drop-down in order to add observations or proceed to the **Ask on Order Entry** page.

You must select at least one of the options available for ordering details: Ordering Facility or Ordering Provider.

ORDERING

Facility Name ?  
Please Enter Facility Name

Select... | v

Provider Name ?  
Please Enter Provider Name

Select... | v

Provider NPI

OBSERVATION

Filler Order Number\*  
?

0408202101

Date Test Ordered

MM/DD/YYYY

Specimen Collection Date\*

04/06/2021

Specimen Type\*

Anterior nares swab x | v

Observation 1

+

+ Add Observation

Previous

Next



## Observation Section

After completing the *Ordering* section, Users may enter observation results in the *Observation* section.

2. Users must enter the **Filler Order Number** or **Lab Accession Number**.

Filler Order Number is equivalent to an Accession Number and is used to log the receipt of a specimen.

### OBSERVATION

Filler Order Number\* ?

Date Test Ordered

**Please Note:** The Filler Order Number or Lab Accession Number is typically utilized by laboratories and generally refers to the number assigned to a lab sample when it is checked in. If your organization does not log the receipt of specimens, you should create a system to uniquely track the specimen when you check it in.

3. Users must then enter the **Date Test Ordered** and the **Specimen Collection Date**.

Filler Order Number\* ?

Date Test Ordered

Specimen Collection Date\*

Specimen Type\*

Observation 1

Select Test Type\*

☐ BinaxNOW ☐ PCR ☐ Other ☐ Serology ☐ Antigen

Test Name\*

April 2021

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

4. Users must select a **Specimen Type** from the drop-down. The Specimen Type describes the method by which the sample was obtained.

Specimen Collection Date\*

Specimen Type\* 

Select...

- Anterior nares swab
- BAL (bronchoalveolar lavage)
- Nasopharyngeal swab
- Oropharyngeal swab
- Serum
- Sputum
- Swab specimen from nasal mid-turbinate

Observation 1

Select Test Type\*

☐ BinaxNOW ☐ PCR ☐ Other ☐ Serology ☐ Antigen

Test Name\*

Test Result\*

**Please Note:** If you administered the BinaxNOW COVID-19 Test, please select **Anterior Nares Swab** as the *Specimen Type*.

## Test Type

5. Users must select the appropriate **Test Type**. To assist with selecting the appropriate test type, Users should click the **Select Test Type** hyperlink to view a categorized list of test types and test names.

Observation 1

Select Test Type\*

☐ BinaxNOW ☐ PCR ☐ Other  
☐ Serology ☐ Antigen

Test Name\*

Select...

Test Result\*

Select...

6. When Users click the **Select Test Type** hyperlink, the **Test Type Category** pop-up displays a categorized list of test types and test names. To filter the list, click **Apply Filter**.

Test Type Category

SHOWING  
101 ITEMS

APPLY FILTER

TEST TYPE	TEST NAME
Antigen	SARS coronavirus 2 Ag [Presence] in Respiratory specimen by Rapid immunoassay
Antigen	SARS-CoV+SARS-CoV-2 (COVID19) Ag [Presence] in Respiratory specimen by Rapid immunoassay
Antigen	SARS-CoV-2 (COVID-19) Ag [Presence] in Upper respiratory specimen by Immunoassay
BinaxNOW	BinaxNOW COVID Test Kit
Other	GISAID sequence accession number
Other	SARS-CoV-2 (COVID-19) S gene mutation detected [Identifier] in Specimen by Molecular genetics method
Other	SARS-CoV-2 (COVID-19) S gene mutation [Presence] in Specimen by Molecular genetics method
Other	SARS-CoV-2 (COVID-19) specific TCRB gene rearrangements [Presence] in Blood by Sequencing
Other	SARS-CoV-2 (COVID-19) variant [Type] in Specimen by Sequencing
Other	SARS-CoV-2 (COVID19) [Presence] in Unspecified specimen by Organism specific culture
PCR	ARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe detection

OK

7. Enter the appropriate **Test Type** in the field to refine the test name results.

Test Type Category

SHOWING  
66 ITEMS

HIDE FILTER

TEST TYPE	TEST NAME
PCR	ARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe detection
PCR	Middle East respiratory syndrome coronavirus (MERS-CoV) RNA [Presence] in Respiratory specimen by NAA with probe detection
PCR	Respiratory viral pathogens DNA and RNA panel - Respiratory specimen Qualitative by NAA with probe detection
PCR	SARS coronavirus 2 E gene [Cycle Threshold #] in Unspecified specimen by NAA with probe detection
PCR	SARS coronavirus 2 E gene [Presence] in Unspecified specimen by NAA with probe detection
PCR	SARS coronavirus 2 N gene [Cycle Threshold #] in Unspecified specimen by NAA with probe detection
PCR	SARS coronavirus 2 N gene [Cycle Threshold #] in Unspecified specimen by Nucleic acid amplification using primer-probe set N1
PCR	SARS coronavirus 2 N gene [Cycle Threshold #] in Unspecified specimen by Nucleic acid amplification using primer-probe set N2

8. Upon entering the test type, only the associated test names display. To further refine the results to a specific test name, enter the appropriate **Test Name** in the search field.
9. Click **OK** to close the pop-up.

Test Type Category

SHOWING  
1 ITEMS

HIDE FILTER

TEST TYPE	TEST NAME
PCR	Respiratory viral
PCR	Respiratory viral pathogens DNA and RNA panel - Respiratory specimen Qualitative by NAA with probe detection

OK

**Please Note:** If you are unable to identify the name of the test administered, please contact the Kentucky Department for Public Health at [COVIDKYLAB@ky.gov](mailto:COVIDKYLAB@ky.gov)

10. Select the appropriate **Test Type** by clicking one of the radio button options.

Observation 1 ⊖

[Select Test Type\\*](#) ☐ BinaxNOW ☐ PCR ☐ Other  
☐ Serology ☐ Antigen

Test Name\*

Test Result\*

### Test Name

The **Test Name** drop-down will only display test name options that correspond with the selected *Test Type*.

11. Users must select the appropriate **Test Name** from the drop-down, if applicable.

[Select Test Type\\*](#) ☒ BinaxNOW ☐ PCR ☐ Serology ☐ Antigen  
☐ Other

Test Name\*

**Please Note:** When **BinaxNOW** is selected as the test type, the *Test Name* field is disabled and auto-populated with BinaxNOW COVID-19 Test Kit.

- When **PCR** is selected as the test type, the *Test Name* field displays PCR tests. Select the appropriate **Test Name** from the drop-down.

Observation 1 ⊖

[Select Test Type\\*](#) ☐ BinaxNOW ☒ PCR ☐ Other  
☐ Serology ☐ Antigen

Test Name\*

Test Result\*

Observation Result Date\*

Name Of Testing Product?

Device Identifier?

ARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe detection

Middle East respiratory syndrome coronavirus (MERS-CoV) RNA [Presence] in Respiratory specimen by NAA with probe detection

Respiratory viral pathogens DNA and RNA panel - Respiratory specimen Qualitative by NAA with probe detection

- When **Other** is selected as the test type, the *Test Name* field displays other tests. Select the appropriate **Test Name** from the drop-down.

**Select Test Type\*** ☐ BinaxNOW ☐ PCR ☒ Other ☐ Serology ☐ Antigen

**Test Name\*** Select...  
 GISAID sequence accession number  
 SARS-CoV-2 (COVID-19) S gene mutation detected [Identifier] in Specimen by Molecular genetics method  
 SARS-CoV-2 (COVID-19) S gene mutation [Presence] in Specimen by Molecular genetics method  
 SARS-CoV-2 (COVID-19) specific TCRB gene rearrangements [Presence] in

**Test Result\*** Select...

**Observation Result Date\*** MM/DD/YYYY

**Name Of Testing Product?**

**Device Identifier?**

- When **Serology** is selected as the test type, the *Test Name* field displays Serology tests. Select the appropriate **Test Name** from the drop-down.

**Select Test Type\*** ☐ BinaxNOW ☐ PCR ☐ Other ☒ Serology ☐ Antigen

**Test Name\*** Select...  
 SARS coronavirus 2 Ab [Interpretation] in Serum or Plasma  
 SARS coronavirus 2 IgA Ab [Presence] in Serum or Plasma by Immunoassay  
 SARS coronavirus 2 IgA Ab [Units/volume] in Serum or Plasma by Immunoassay  
 SARS coronavirus 2 IgG Ab [Presence] in Serum or Plasma by Immunoassay  
 SARS coronavirus 2 IgG Ab [Presence]

**Test Result\*** Select...

**Observation Result Date\*** MM/DD/YYYY

**Name Of Testing Product?**

**Device Identifier?**

- When **Antigen** is selected as the test type, the *Test Name* field displays Antigen tests. Select the appropriate **Test Name** from the drop-down.

**Select Test Type\*** ☐ BinaxNOW ☐ PCR ☐ Other ☐ Serology ☒ Antigen

**Test Name\*** Select...  
 SARS coronavirus 2 Ag [Presence] in Respiratory specimen by Rapid immunoassay  
 SARS-CoV+SARS-CoV-2 (COVID19) Ag [Presence] in Respiratory specimen by Rapid immunoassay  
 SARS-CoV-2 (COVID-19) Ag [Presence] in Upper respiratory specimen by Immunoassay

**Test Result\*** Select...

**Observation Result Date\*** MM/DD/YYYY

**Name Of Testing Product?**

**Device Identifier?**

## Test Result

12. Users must select the **Test Result** from the drop-down.

- The *Test Result* drop-down options include: **Detected**, **Negative**, **Not Detected**, **Other**, and **Positive**.

This screenshot shows a form for recording a test result. The 'Test Result\*' field is a dropdown menu with the following options: Detected, Negative, Not Detected, Other, and Positive. The 'Other' option is highlighted. To the right of the dropdown is a text input field for the 'Device Identifier?'. Below the dropdown menu is a button labeled '+ Add Observation'.

**Please Note:** Users who select **Other** from the *Test Result* drop-down must enter the **reason** in the *Other Reason Value* field. An example could be a test result description that is not listed in the drop-down, such as 'Undetected'. Users would select **Other** and enter the test result as 'Undetected'.

This screenshot shows the form with 'Other' selected in the 'Test Result\*' dropdown. A tooltip message states: 'Required only if 'Other' is selected in Test Result'. The 'Other Reason Value\*' field is highlighted with a red box, indicating it is required when 'Other' is selected. The 'Test Name\*' field is set to 'BinaxNOW COVID Test Kit'.

13. Next, Users must enter the **Observation Result Date**.

Observation Result Date\* MM/DD/YYYY

Name Of Testing Product ?

+ Add Observation

Device Identifier ?

Previous Next

**Please Note:** The Specimen Collection Date **cannot** occur *after* the Observation Result Date. The Specimen Collection Date must occur on the **same date** or any date **BEFORE** the Observation Result Date. If the User enters a Specimen Collection Date that occurs after the Observation Result Date, then both fields are marked as invalid. If the User clicks **Next**, the Observation screen is grayed out and displays a message that states:

*Specimen date cannot be later than the Observation date, please provide valid Specimen date.*

To proceed, the User must enter a valid Specimen Collection Date that occurs **on** or **before** the Observation Result Date.

Specimen Collection Date\* 04/08/2021 Invalid Specimen Collection Date

Specimen Type\* Anterior nares swab

Observation 1 -

Select Test Type\* ☒ BinaxNOW ☐ PCR ☐ Other ☐ Serology ☐ Antigen

Test Name\* BinaxNOW COVID Test Kit

Test Result\* Positive

Observation Result Date\* 04/06/2021 Invalid Observation Result Date

14. Users should enter the **Name of the Testing Product**.

- Hovering over the *Help Icon* will explain that the name of the testing product refers to the platform used to perform the testing.

The name of the testing product refers to the platform being used to conduct testing (i.e. Abbot ID Now, Sofia SARS Antigen FIA, etc.)

Test Result\* Positive x v

Observation Result Date\* 04/02/2021

Name Of Testing Product ?

Device Identifier ?

15. Users should enter the **Device Identifier**.

- The *Help Icon* explains that the Device Identifier is a unique ID given to the specific device that was used to perform the testing. For example, the device's serial number or barcode number may be listed here.

This refers to the unique ID given to the specific device that was used to perform the testing on that patient's specimen (i.e. serial number, barcode number)

Test Result\* Positive x v

Observation Result Date\* 04/02/2021

Name Of Testing Product ?

Device Identifier ?



## Adding Multiple Observations for DDE

16. Users may also click **Add Observation** to log the details for multiple observations. This means that Users may easily enter additional test results on the **same** patient.

Observation 1

Select Test Type\*

☒ BinaxNOW ☐ PCR ☐ Other  
☐ Serology ☐ Antigen

Test Name\*

BinaxNOW COVID Test Kit

Test Result\*

Positive

Observation Result Date\*

04/02/2021

Name Of Testing Product

Abbot ID Now

Device Identifier

+ Add Observation

- The name of the testing product entry on the first observation auto-populates in the subsequent observations; however, Users may edit, as necessary.
- To delete an observation, users may click the **Trash Bin Icon** located at the top left.

Name Of Testing Product

Abbot ID Now

Device Identifier

Observation 2

Select Test Type\*

☐ BinaxNOW ☐ PCR ☐ Other  
☐ Serology ☐ Antigen

Test Name\*

Select...

Test Result\*

Select...

Observation Result Date\*

MM/DD/YYYY

Name Of Testing Product

Abbot ID Now

Device Identifier

- Users may click the **Minus Icon** or any of the Observations to hide or display the details for that observation.

Observation 2

Select Test Type\*

☐ BinaxNOW
 ☐ PCR
 ☐ Other
 ☐ Serology
 ☐ Antigen

Test Name\*

Select... | v

Test Result\*

Select... | v

Observation Result Date\*

MM/DD/YYYY

Name Of Testing Product

Abbot ID Now

Device Identifier?

- Users may display hidden observations by clicking the **Plus Icon**.

Observation 1

Select Test Type\*

☒ BinaxNOW
 ☐ PCR
 ☐ Other
 ☐ Serology
 ☐ Antigen

Test Name\*

BinaxNOW COVID Test Kit | v

Test Result\*

Positive x | v

Observation Result Date\*

04/02/2021

Name Of Testing Product

Device Identifier?

Observation 2

+ Add Observation

17. Users must click **Next** to proceed to the **Ask on Order Entry** page.

## OBSERVATION

Filler Order Number\*  
04062021

Date Test Ordered  
03/28/2021

Specimen Collection Date\*  
03/31/2021

Specimen Type\*  
Anterior nares swab

Observation 1

Select Test Type\*  
☒ BinaxNOW ☐ PCR ☐ Other ☐ Serology  
☐ Antigen

Test Name\*  
BinaxNOW COVID Test Kit

Test Result\*  
Positive

Observation Result Date\*  
04/02/2021

Name Of Testing Product?

Device Identifier?

Observation 2

+ Add Observation

PreviousNext

## 10 Ask on Order Entry

There are a series of questions that healthcare providers may ask patients regarding COVID-19 testing. Users will enter the answers to those questions on the **Ask on Order Entry** page.

1 Patient Information 2 Observation 3 Ask On Order Entry 4 Lab Data Review 5 Submit

Please provide additional details.

### ASK ON ORDER ENTRY

First Test ? Select... | v HCW ? Select... | v

Symptoms ? Select... | v Hospitalization ? Select... | v

Onset Date ? MM/DD/YYYY | v Congregate ? Select... | v

ICU ? Select... | v Pregnant ? Select... | v

Previous Next

1. Users should select the **appropriate answer** from the *First Test* drop-down to report whether this is the first time the patient has ever been tested for COVID-19. The objective is to find out whether the patient has ever been tested *anywhere* not just at your organization.
  - The *First Test* drop-down options include: **No**, **Unknown**, or **Yes**.

### ASK ON ORDER ENTRY

First Test ? Select... | v HCW ? Select... | v

Symptoms ? Select... | v Hospitalization ? Select... | v

Onset Date ? MM/DD/YYYY | v Congregate ? Select... | v

First Test dropdown options: No, Unknown, Yes

- Users should select the **appropriate answer** from the *Symptoms* drop-down. Hovering over the *Help Icon* provides guidance used to report whether the patient has symptoms.

Here is the guidance that we use to determine if a patient has symptoms: At least two of the following symptoms: Fever (subjective or measured), Chills, Rigors, Myalgia, Headache, Sore throat, New olfactory and taste disorder(s). At least one of the following symptoms: Cough, Shortness of breath, Difficulty breathing OR Severe respiratory illness with at least one of the following: Clinical or radiologic evidence of pneumonia, or Acute respiratory distress syndrome (ARDS)

2 Observation 3 Ask On Order Entry 4 Lab Data Review 5 Submit

### ASK ON ORDER ENTRY

Symptoms ? Select...  
 No  
 Unknown  
 Yes

Onset Date ?

ICU ? Select... Pregnant ? Select...

HCW ? No Hospitalization ? Select... Congregate ? Select...

- When Users select **Yes**, they must enter the **Date of Onset** by entering the month, day, and year when symptoms began.

Symptoms ? Yes Hospitalization ? No

Date that symptoms began for the patient

Onset Date ? MM/DD/YYYY

Congregate ? Select...

- When Users select **No**, the *Onset Date* field is grayed out and disabled.

Symptoms ? No Hospitalization ? No

Onset Date ? MM/DD/YYYY

Congregate ? No

3. To report whether the patient has been admitted or transferred to the ICU or Intensive Care Unit, Users should select the **appropriate answer** from the *ICU* drop-down. Hovering over the *Help Icon* provides additional reporting guidance.

- The *ICU* drop-down options include: **No, Unknown, or Yes.**

This screenshot shows a form for reporting ICU status. A tooltip on the left explains: "Yes, if patient has been admitted/transferred to the ICU at any time during the encounter for the reportable illness/condition that the order has been placed for (suspected or diagnosed)". The form includes fields for Hospitalization (set to "No"), Congregate (set to "No"), and Pregnant (set to "Select..."). The ICU field is highlighted with a red box, and its dropdown menu is open, showing the options "No", "Unknown", and "Yes". Navigation buttons "Previous" and "Next" are at the bottom right.

4. To report whether the Patient is a Health Care Worker (HCW), Users should select the **appropriate answer** from the *HCW* drop-down.

- The *HCW* drop-down options include: **No, Unknown, or Yes.**

This screenshot shows a form for reporting HCW status. A tooltip on the right explains: "Yes, if the person tested is a first responder, front line clinician, environmental staff, therapist, in direct contact with patients or in their location". The form includes fields for First Test (set to "Select..."), Symptoms (set to "Select..."), and Hospitalization (set to "?"). The HCW field is highlighted with a red box, and its dropdown menu is open, showing the options "No", "Unknown", and "Yes". The header "ASK ON ORD" is visible at the top.

- For the *Hospitalization* drop-down, Users should select the **appropriate option** to report whether the patient has been hospitalized or not. Hovering over the *Help Icon* provides additional guidance.
  - The *Hospitalization* drop-down options include: **No, Unknown, or Yes.**

The screenshot shows a form titled "ASK ON CRE" with several input fields. A tooltip is displayed over the "Hospitalization" field, which is currently set to "Select...". The tooltip text reads: "Yes, if patient has been hospitalized for the reportable illness/condition that this order has been placed for (suspected or diagnosed). When ordered during ER duration, the answer would be No." The dropdown menu for "Hospitalization" is open, showing three options: "No", "Unknown", and "Yes". The "No" option is highlighted in blue. Other fields visible include "First Test" (No), "Symptoms" (Yes), "Onset Date" (MM/DD/YYYY), and "Congregate" (Select...).

**Please Note:** Users should select **No** from the *Hospitalization* drop-down if this test was ordered during an ER visit.

- To report whether the patient is a resident in a congregate care setting, Users should select the **appropriate answer** from the *Congregate* drop-down. Hovering over the *Help Icon* provides guidance to identify congregate care settings and assist with answering this question.
  - The *Congregate* drop-down options include: **No, Unknown, or Yes.**

The screenshot shows the same "ASK ON CRE" form. A tooltip is displayed over the "Congregate" field, which is currently set to "Select...". The tooltip text reads: "Yes, if is a resident in a congregate care setting such as: nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care or other setting". The dropdown menu for "Congregate" is open, showing three options: "No", "Unknown", and "Yes". The "No" option is highlighted in blue. Other fields visible include "First Test" (No), "Symptoms" (Yes), "Onset Date" (03/24/2021), and "ICU" (Select...).

- To report the status of pregnancy, Users should select the **appropriate answer** from the *Pregnant* drop-down.

- The *Pregnant* drop-down options include: **Possible pregnancy**, **Not pregnant**, **Patient currently pregnant**, or **Unknown**.

The screenshot shows a portion of the 'ASK ON ORDER ENTRY' form. Fields visible include 'Onset Date' (03/24/2021), 'Congregate' (No), 'ICU' (No), and 'Pregnant'. The 'Pregnant' dropdown menu is open, displaying four options: 'Not pregnant', 'Patient currently pregnant', 'Possible pregnancy', and 'Unknown'. A red box highlights the dropdown menu. A tooltip above the dropdown states: 'Yes, if the individual is female and is pregnant'.

**Please Note:** The *Pregnant* field is only enabled when the User selects **Female** from the *Gender* drop-down on the **Patient Information** screen.

- Users must click **Next** to proceed to the **Lab Data Review** screen.

The screenshot shows the full 'ASK ON ORDER ENTRY' form. Fields include 'First Test' (No), 'HCW' (No), 'Symptoms' (Yes), 'Hospitalization' (No), 'Onset Date' (03/24/2021), 'Congregate' (No), 'ICU' (No), and 'Pregnant' (Not pregnant). At the bottom right, there are two buttons: 'Previous' and 'Next'. The 'Next' button is highlighted with a red border.



## 11 Lab Data Review

The **Lab Data Review** screen displays a summary of the information entered by the User. The **Lab Data Review** screen is not a submission of the lab results entered. Users should review this screen to verify the information prior to submitting the lab results. Users must click **Submit** in order to submit the lab results.

1

2

3

4

5

Patient InformationObservationAsk On Order EntryLab Data ReviewSubmit

Please confirm Lab data entry is accurate. To edit the information, click the appropriate hyperlink.

LAB DATA REVIEW

Patient Information

Performing Facility Name  
Test Medical Center

Patient MRN  
DM1234567

SSN Number  
444-32-1234

Name  
Daphne L Moon

Date Of Birth  
1980/10/05

Patient Sex  
Female

Race  
White

Ethnicity  
Not Hispanic or Latino

Address 1  
236 Cedarwood Avenue

City  
Lexington

State  
KY

Zip Code  
40511

County  
Fayette

Email Address  
daphnemoon@test.com

Phone Number  
(555) 212-9876

1. Users should review the *Patient Information* section.

LAB DATA REVIEW		
<a href="#">Patient Information</a>		
Performing Facility Name Test Medical Center	Patient MRN DM1234567	SSN Number 444-32-1234
Name Daphne L Moon	Date Of Birth 1980/10/05	Patient Sex Female
Race White	Ethnicity Not Hispanic or Latino	Address 1 236 Cedarwood Avenue
City Lexington	State KY	Zip Code 40511
County Fayette	Email Address daphnemoon@test.com	Phone Number (555) 212-9876

- Users may click the **header** of any section to hide or display the details for that section.

LAB DATA REVIEW		
<a href="#">Patient Information</a>		
<a href="#">Ordering</a>		
Facility Name Test Community Hospital	Provider Name Dr. Niles Crane, Jr	Provider NPI 1098765432

2. Users should review the *Ordering* section.

<a href="#">Patient Information</a>		
<a href="#">Ordering</a>		
Facility Name Test Community Hospital	Provider Name Dr. Niles Crane, Jr	Provider NPI 1098765432

**Please Note:** If both an Ordering Facility and an Ordering Provider are selected, the **Lab Data Review** screen will display the details for the Ordering Facility and the Ordering Provider.

- Users should review the *Observation* section.

Observation		
Specimen Collection Date 2021/03/31	Specimen Type Anterior nares swab	Filler Order Number 04062021
Date Test Ordered 2021/03/28		
<a href="#">Observation 1</a>		
Test Name BinaxNOW COVID Test Kit	Test Result <b>+ POSITIVE</b>	Observation Result Date 2021/04/02
<a href="#">Observation 2</a>		
Test Name BinaxNOW COVID Test Kit	Test Result <b>+ POSITIVE</b>	Observation Result Date 2021/04/03

**Please Note:** If multiple Observations are added, the **Lab Data Review** screen will display all Observations in numbered order.

- Users should review the *Ask on Order Entry* section.

Ask On Order Entry		
First Test No	HCW No	Symptoms Yes
Onset Date 2021/03/24	Hospitalization No	Congregate No
ICU No	Pregnant Not pregnant	

## Click Hyperlinks to Edit

5. If after reviewing, changes are required, Users should click the **corresponding** hyperlink to navigate to the appropriate screen or section to edit the information.
  - Users may click the **Section header** hyperlink to navigate to the appropriate page. For example, upon clicking the **Ask on Order Entry** section header hyperlink in the section header, the User will be navigated to the **Ask on Order Entry** screen.

<a href="#">Ask On Order Entry</a>		
First Test No	HCW No	Symptoms Yes

- If multiple observations are entered, Users may click the appropriate **numbered Observation** hyperlink to navigate directly to the specific Observation. For example, upon clicking the **Observation 2** hyperlink, the User will be navigated directly to the *Observation 2* section.

<a href="#">Observation</a>		
Specimen Collection Date 2021/03/31	Specimen Type Anterior nares swab	Filler Order Number 04062021
Date Test Ordered 2021/03/28		
<a href="#">Observation 1</a>		
Test Name BinaxNOW COVID Test Kit	Test Result <b>+ POSITIVE</b>	Observation Result Date 2021/04/02
<a href="#">Observation 2</a>		
Test Name BinaxNOW COVID Test Kit	Test Result <b>+ POSITIVE</b>	Observation Result Date 2021/04/03

6. Once the appropriate edits are completed, Users should click **Next** until they get back to the **Lab Data Review** screen.

Observation 2

Select Test Type\*

☒ BinaxNOW ☐ PCR ☐ Other  
☐ Serology ☐ Antigen

Test Name\*

BinaxNOW COVID Test Kit

Test Result\*

Not Detected

Observation Result Date\*

04/03/2021

Name Of Testing Product?

Device Identifier?

+ Add Observation

Previous

Next

7. On the **Lab Data Review** screen, Users should review their edits.

Observation 1

Test Name

BinaxNOW COVID Test Kit

Test Result

+ POSITIVE

Observation Result Date

2021/04/02

Observation 2

Test Name

BinaxNOW COVID Test Kit

Test Result

- NON-DETECTED

Observation Result Date

2021/04/03

8. After verifying the information is accurate and/or the appropriate changes have been made, Users must click **Submit** to submit the Lab Data Entry.

Onset Date

2021/03/24

Hospitalization

No

Congregate

No

ICU

No

Pregnant

Not pregnant

Previous

Submit

- All data submissions are final. Users have one more opportunity to select **Cancel** to continue reviewing the Lab Data Entry or **Submit** to finalize the Lab Data Entry.

The screenshot shows a 'Lab Data Entry' dialog box with a close button (X) in the top right corner. The main text reads: 'All data submissions are final. Please ensure that your data is accurate before clicking on the Submit button. If you would like to make changes now, please click the Cancel button.' At the bottom right, there are two buttons: 'Cancel' and 'Submit'. The 'Submit' button is highlighted with a red rectangular box. In the background, a form is partially visible with fields for 'First Test' (No), 'Onset Date' (2021/03/24), and 'Ask On Order Entry'.

**Please Note:** Once a lab data entry has been submitted, it is final. Should you later discover that you have entered inaccurate information, please reach out to the Kentucky Department for Public Health at [COVID19DR@ky.gov](mailto:COVID19DR@ky.gov) to determine options for correcting the entry.

9. Users should click **OK** when the lab data entry has been submitted successfully.

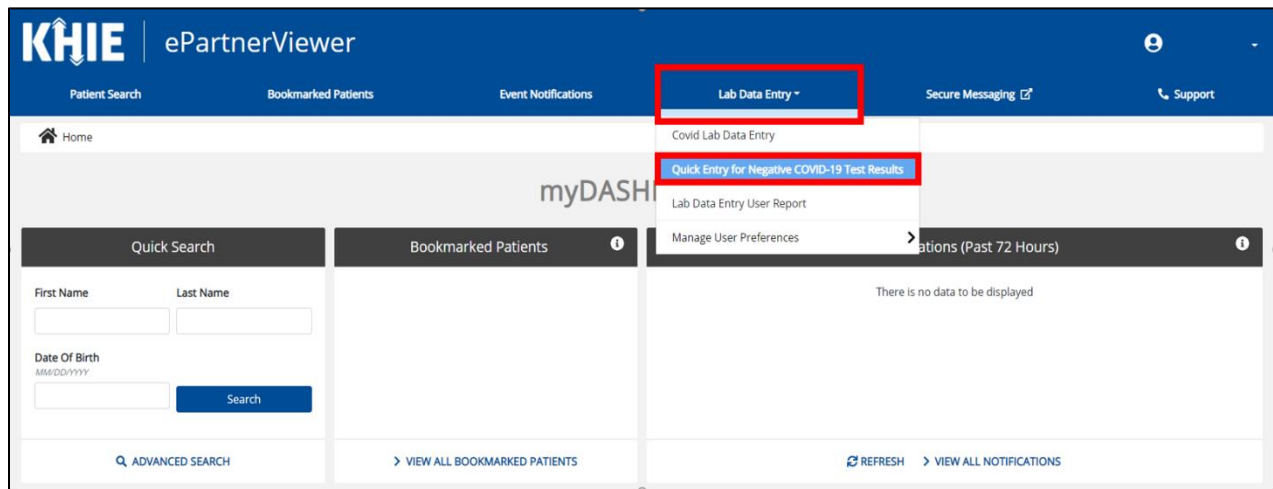
The screenshot shows the 'Lab Data Entry' dialog box after a successful submission. The main text now reads: 'Laboratory data saved successfully'. At the bottom right, there is a single button labeled 'OK', which is highlighted with a red rectangular box. The background form remains the same as in the previous screenshot.

**Congratulations! You have submitted a Manual Lab Data Entry using KHIE's Direct Lab Data Entry Functionality.**

## 12 Quick Entry for Negative COVID-19 Test Results

In addition to Direct Lab Data Entry, Users now have the option to quickly and easily enter **negative** COVID-19 lab results using the ePartnerViewer's Quick Entry for Negative COVID-19 Test Results.

1. To submit a **Quick Entry for Negative COVID-19 Test Results**, Users must click the **Lab Data Entry** Tab in the blue ribbon Navigation Bar at the top of the screen.
2. From the **Lab Data Entry** Tab menu, select **Quick Entry for Negative COVID-19 Test Results**.



**Please Note:** Users who have access to clinical information will see other tabs displayed in addition to the **Lab Data Entry** Tab.

## Observation for Negative COVID-19 Test Results

Quick Entry for Negative COVID-19 Test Results is a four-step process where Users enter (1) Observation Results and Provider Details, and (2) Patient Information. Prior to submitting the lab results, Users must review the information they've entered; it's presented on the (3) **Lab Data Review** screen. The final step is (4) Submitting the Negative Covid-19 Test Results.

**KHIE** | ePartnerViewer

Patient Search Bookmarked Patients Event Notifications Lab Data Entry Secure Messaging Support

Home > Quick Entry for Negative COVID-19 Test Results

1 Observation 2 Patient Information 3 Lab Data Review 4 Submit

You must select at least one of the options available for ordering details: Ordering Facility or Ordering Provider.

**OBSERVATION**

1. To start the COVID-19 Negative Lab Quick Entry, Users must complete the **Observation** section.

1 Observation 2 Patient Information 3 Lab Data Review 4 Submit

You must select at least one of the options available for ordering details: Ordering Facility or Ordering Provider.

**OBSERVATION**

Performing Facility Name\* Select...

Ordering Facility? Select...

Ordering Provider? Select... Ordering Provider NPI

Specimen Type\* Select... Specimen Collection Date\* MM/DD/YYYY

Select Test Type\* ☐ BinaxNOW ☐ PCR ☐ Other ☐ Serology ☐ Antigen Test Name\* Select...

Test Result\* Select... Observation Result Date\* MM/DD/YYYY

Next



2. Users must select the **Performing Facility Name** from the drop-down. This will be the name of the organization that resulted the lab for which you are entering results; this is usually the name of the organization with whom you are associated.

The screenshot shows the 'OBSERVATION' form. On the left, there are labels for 'Performing Facility Name\*', 'Ordering Facility?', 'Ordering Provider?', and 'Specimen Type\*'. A red rectangle highlights the dropdown menu for 'Performing Facility Name'. The dropdown list includes the following options: 'Select...', 'DDERE SIT SC0010', 'Diatherix Eurofins', 'LABCORP', 'Quest Diagnostics', 'RAINBOW', 'RAPRO 35', 'Solaris Diagnostics', and 'Test Medical Center'. The 'Test Medical Center' option is currently selected and highlighted in blue.

3. Users must select at least one of the options available in the *Ordering* section: **Ordering Facility** or **Ordering Provider**.

- If applicable, select the appropriate **Ordering Facility** from the drop-down.

The screenshot shows the 'OBSERVATION' form with an error message at the top: 'You must select at least one of the options available for ordering details: Ordering Facility or Ordering Provider.' Below the error message, there is a text input field for 'Test Medical Center'. To the left, there is a tooltip that says: 'Ordering Facility is required, configure the ordering facility details in Manage User Preferences to have it listed here.' Below the tooltip, there are labels for 'Ordering Facility?' and 'Ordering Provider?'. A red rectangle highlights the dropdown menu for 'Ordering Facility'. The dropdown list includes the following options: 'Select...', 'Mercy Medical Center', 'Test Community Hospital', and 'Union Medical Clinic'. The 'Test Community Hospital' option is currently selected and highlighted in blue. To the right of the 'Ordering Facility' dropdown, there is a text input field for 'Ordering Provider NPI'. At the bottom of the form, there is a label for 'Specimen Collection'.

- If applicable, select the appropriate **Ordering Provider** from the drop-down. Upon selecting the **Ordering Provider** from the drop-down, the *Ordering Provider NPI* field automatically populates.

Ordering Provider is required, configure the ordering provider details in Manage User Preferences to have it listed here.

Test Community Hospital x | v

Ordering Provider ? Select... Ordering Provider NPI

Specimen Type\* Fraiser Crane  
George Costanza  
Joe Smith  
○ Antigen

Specimen Collection Date\* MM/DD/YYYY

Select Test Type\* Test Name\* Select...

**Please Note:** Prior to entering lab results, Users are required to enter information about their Ordering Provider and Ordering Facility on the **Manage User Preferences** screen. By entering the Ordering Provider and Ordering Facility details in their User Preferences, Users will be able to quickly select an Ordering Provider or Ordering Facility from the drop-down options.

3. Users must select the **appropriate Specimen Type** from the drop-down.

Specimen Type\* Select... Specimen Collection Date\* MM/DD/YYYY

Select Test Type\* Anterior nares swab  
BAL (bronchoalveolar lavage)  
Nasopharyngeal swab  
Oropharyngeal swab  
Serum  
Sputum  
Swab specimen from nasal mid-turbinate

Test Result\*

Test Name\* Select...

Observation Result Date\* MM/DD/YYYY

Next

**Please Note:** If you administered the BinaxNow COVID-19 Test, please select **Anterior Nares Swab** as the *Specimen Type*.

4. Users must then enter the **Specimen Collection Date**.

The screenshot shows a form with several fields. The 'Specimen Type\*' field is set to 'Anterior nares swab'. The 'Specimen Collection Date\*' field is highlighted with a red box and contains the date '04/05/2021'. A calendar pop-up is open for April 2021, with the 5th highlighted. Other fields include 'Select Test Type\*' with radio buttons for 'BinaxNOW', 'PCR', 'Other', 'Serology', and 'Antigen'; 'Test Name\*' with a dropdown; 'Test Result\*' with a dropdown; and 'Observation Result Date\*' with a date input field.

5. Users must select the **appropriate Test Type**.

- To view a categorized list of test types and test names to assist with selecting the appropriate test type, Users should click the **Select Test Type** hyperlink and follow the steps listed in sub-section *Test Type*.

The screenshot shows the 'Select Test Type\*' field with a red box around the hyperlink. To its right, the radio button options for 'BinaxNOW', 'PCR', 'Other', 'Serology', and 'Antigen' are also highlighted with a red box. The 'Test Name\*' field is a dropdown menu.

**Please Note:** Based on the selected **Test Type**, the *Test Name* drop-down will only display test name options that correspond with the selected test type.

6. Users must select the **appropriate Test Name** from the drop-down.

The screenshot shows the 'Test Name\*' field, which is a dropdown menu, highlighted with a red box. The 'Select Test Type\*' field and its radio button options are visible to the left.

**Please Note:** When **BinaxNOW** is selected as the test type, the *Test Name* field is disabled and auto-populated with BinaxNOW COVID-19 Test Kit.

7. Users must enter the **Test Result** from the drop-down.

- The *Test Result* drop-down options include: **Negative** and **Not Detected**.

The screenshot shows the 'Test Result\*' field with a dropdown menu open. The options 'Negative' and 'Not Detected' are visible and highlighted with a red box. The 'Observation Result Date\*' field is to the right.

8. Users must enter the **Observation Result Date**.

Ordering Provider ⓘ Fraiser Crane x | v Ordering Provider NPI

Specimen Type\* Anterior nares swab x | v Specimen Collection Date\*

Select Test Type\* ☒ BinaxNOW ☐ PCR ☐ Other ☐ Serology ☐ Antigen Test Name\*

Test Result\* Negative x | v Observation Result Date\* MM/DD/YYYY

Calendar: April 2021. Days: Su, Mo, Tu, We, Th, Fr, Sa. Dates: 28, 29, 30, 31, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 1.

**Please Note:** The Specimen Collection Date cannot occur after the Observation Result Date. The Specimen Collection Date must occur on the **same date** or any date **BEFORE** the Observation Result Date. If the User enters a Specimen Collection Date that occurs after the Observation Result Date, then both fields are marked as invalid. If the User clicks **Next**, then the Observation screen is grayed out and displays a message that states:

*Specimen date cannot be later than the Observation date, please provide valid Specimen date.*

To proceed, the User must enter a valid Specimen Collection Date that occurs **on** or **before** the Observation Result Date.

9. Once complete, Users must click **Next** to proceed to the next screen.

**OBSERVATION**

Performing Facility Name\* Test Medical Center x | v

Ordering Facility ⓘ Test Community Hospital x | v

Ordering Provider ⓘ Fraiser Crane x | v Ordering Provider NPI 123456

Specimen Type\* Anterior nares swab x | v Specimen Collection Date\* 04/05/2021

Select Test Type\* ☒ BinaxNOW ☐ PCR ☐ Other ☐ Serology ☐ Antigen Test Name\* BinaxNOW COVID Test Kit

Test Result\* Negative x | v Observation Result Date\* 04/07/2021

**Next**

## Patient Information for Negative COVID-19 Test Results

11. On the **Patient Information** page, Users must enter the **Filler Order Number** or **Lab Accession Number**.

The screenshot shows a progress bar at the top with four steps: 1. Observation, 2. Patient Information (highlighted), 3. Lab Data Review, and 4. Submit. Below the progress bar is a light blue banner with the text: "Please complete the form below. All fields marked with an asterisk(\*) are required." The main form area has a dark grey header with the text "PATIENT INFORMATION". Below the header is a dark grey box with a minus sign and the text: "Filler Order Number is equivalent to an Accession Number and is used to log the receipt of a specimen." Below this box are two input fields: "Filler Order Number\*" (highlighted with a red rectangle) and "Patient MRN\*" (with a question mark icon). The "Patient MRN\*" field is also highlighted with a red rectangle.

**Please Note:** The Filler Order Number or Lab Accession Number is typically utilized by laboratories and generally refers to the number assigned to a lab sample when it is checked in. If your organization does not log the receipt of specimens, you should create a system to uniquely track the specimen when you check it in.

12. Users must enter the patient's **Medical Record Number (MRN)**. An MRN is an organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you **MUST** create a way to uniquely identify your patient so that the patient is registered in the KHIE system.
13. Users must enter the patient's **Last Name** and **First Name**. If available, enter the patient's **Middle Initial**.

The screenshot shows the same progress bar and banner as the previous form. The main form area has a dark grey header with the text "PATIENT INFORMATION". Below the header is a dark grey box with a minus sign and the text: "Patient Information 1". Below this box are four input fields: "Filler Order Number\*" (with a question mark icon and the value "0409202101"), "Patient MRN\*" (with a question mark icon and highlighted with a red rectangle), "First Name\*" (highlighted with a red rectangle), and "Last Name\*" (highlighted with a red rectangle). The "Middle Initial" field is also highlighted with a red rectangle.

14. Then, Users must enter the patient's **Date of Birth**.

Filler Order Number\*  Patient MRN\*

First Name\*  Middle Initial

Last Name\*

Date Of Birth\*  Patient Sex\*

**Please Note:** If patient's age is either under one year old or more than 100 years old, a notification pop-up will display to confirm the correct birth year has been entered or selected.

15. Users must select the patient's **Patient Sex** from the drop-down.

Date Of Birth\*  Patient Sex\*

Female  
Male  
Other  
Unknown

16. Users should enter the patient's **Street Address, City, State, Zip Code, and County**.

- Users should enter the patient's home address. However, in cases of congregate care, Users should enter the address of the nursing home, group home, or similar congregate care facility.
- Users may hover over the Help Icon to assist with entering the correct address information for the patient tested.

Address 1\*

Address 2

City  State

Zip Code  County

**Please Note:** When entering the test results of facility employees, please enter the **home address** (not the work address).

## Adding Multiple Patients for Negative COVID-19 Test Results

17. Users may also click **Add Patient** to enter the negative results for multiple patients who had the same test type. This means Users may easily enter additional patients with negative lab results.

Home > Quick Entry for Negative COVID-19 Test Results

1 Observation 2 Patient Information 3 Lab Data Review 4 Submit

Please complete the form below. All fields marked with an asterisk(\*) are required.

PATIENT INFORMATION

Patient Information 1 +

+ Add Patient

Previous Next

- To add another patient, Users may click **Add Patient** at the bottom.

Address 1 202 Whitman Avenue

Address 2 3C

City Lexington State KY



Zip Code 40509 County Fayette

+ Add Patient

Previous Next

**Please Note:** Currently, Users may enter up to 10 patients with negative lab results at a time.

- To delete a patient, Users may click the **Trash Bin Icon** at the top left.

Patient Information 2



Filler Order Number\*


Patient MRN\*

First Name\*

Middle Initial


Last Name\*

Date Of Birth\*



Patient Sex\*

Select...



Address 1

Address 2

City

State

Select...



Zip Code


County

Select...


 Add Patient

- Users may click the **Minus Icon** or click any of the numbered Patients or Patient Information hyperlinks to hide or display the details for that patient.

PATIENT INFORMATION

Patient Information 1


Filler Order Number\*




Patient MRN\*

First Name\*









Middle Initial



- Users may display hidden Patients by clicking the **Plus Icon**.

PATIENT INFORMATION	
Patient Information 1	
Patient Information 2 	

18. Once complete, Users must click **Next** to proceed to the next screen.

1	2	3	4
Observation	Patient Information	Lab Data Review	Submit
Please complete the form below. All fields marked with an asterisk(*) are required.			
PATIENT INFORMATION			
Patient Information 1			
Patient Information 2 			
Patient Information 3 			
 Add Patient			
			

## Lab Data Review for Negative COVID-19 Test Results

The **Lab Data Review** screen displays a summary of the information entered by the User. The **Lab Data Review** screen is not a submission of the lab results entered. Users should review this screen to verify the accuracy of the information prior to submitting the lab results. Users must click **Submit** in order to submit the lab results.

1

2

3

4

ObservationPatient InformationLab Data ReviewSubmit

Please confirm Lab data entries are accurate. To edit the information, click the appropriate Patient Name hyperlink.

LAB DATA REVIEW

Observation

Performing Facility Name  
Test Medical Center

Specimen Collection Date  
2021/04/05

Specimen Type  
Anterior nares swab

Observation Result Date  
2021/04/07

Test Name  
BinaxNOW COVID Test Kit

Test Result  
— NEGATIVE

Sno	Patient Name	Date of Birth	Gender
1	<a href="#">Marty Crane</a>	02/15/1942	Male
2	<a href="#">Susan Ross</a>	04/01/1970	Female
3	<a href="#">John Peterman</a>	08/19/1961	Male

PreviousSubmit

19. Users should review the *Observation* section.

Please confirm Lab data entries are accurate. To edit the information, click the appropriate Patient Name hyperlink.

LAB DATA REVIEW

Observation

Performing Facility Name  
Test Medical Center

Specimen Collection Date  
2021/04/05

Specimen Type  
Anterior nares swab

Observation Result Date  
2021/04/07

Test Name  
BinaxNOW COVID Test Kit

Test Result  
— NEGATIVE

20. Then, Users should review the *Patient Information* section.

Sno	Patient Name	Date of Birth	Gender
1	<a href="#">Marty Crane</a>	02/15/1942	Male
2	<a href="#">Susan Ross</a>	04/01/1970	Female
3	<a href="#">John Peterman</a>	08/19/1961	Male

Previous Submit

**Please Note:** If multiple patients have been added, the **Lab Data Review** screen will display all patients in numbered order.

### Click Hyperlinks to Edit Negative COVID-19 Test Results

21. If after reviewing, changes are required, Users should click the **appropriate hyperlink** to navigate to the appropriate screen or section to edit the information.

- Users may click the **Observation section header hyperlink** to navigate to the **Observation** page.

1234

ObservationPatient InformationLab Data ReviewSubmit

Please confirm Lab data entries are accurate. To edit the information, click the appropriate Patient Name hyperlink.

LAB DATA REVIEW

Observation

Performing Facility Name  
Test Medical Center

Specimen Collection Date  
2021/04/05

Specimen Type  
Anterior nares swab

Observation Result Date  
2021/04/07

Test Name  
BinaxNOW COVID Test Kit

Test Result  
NEGATIVE

- | Sno | Patient Name                  | Date of Birth | Gender |
|-----|-------------------------------|---------------|--------|
| 1   | <a href="#">Marty Crane</a>   | 02/15/1942    | Male   |
| 2   | <a href="#">Susan Ross</a>    | 04/01/1970    | Female |
| 3   | <a href="#">John Peterman</a> | 08/19/1961    | Male   |

Patient Information 3

✖

⌵

Filler Order Number\*

0410202103

Patient MRN\*

JP08191961

First Name\*

John

Middle Initial

Last Name\*

Peterman

Date Of Birth\*

08/19/1963

📅

Patient Sex\*

Male

✖ | ⌵

Address 1\*

Address 2

City

Lexington

State

KY

✖ | ⌵

Zip Code

40511-

County

Anderson

✖ | ⌵

⊕ Add Patient

Previous

Next

23. After verifying the information is accurate and/or the appropriate changes have been made, Users must click **Submit** to submit the Negative Lab Entries.

1 Observation 2 Patient Information 3 Lab Data Review 4 Submit

Please confirm Lab data entries are accurate. To edit the information, click the appropriate Patient Name hyperlink.

### LAB DATA REVIEW

Observation

Performing Facility Name Test Medical Center	Specimen Collection Date 2021/04/05	Specimen Type Anterior nares swab
Observation Result Date 2021/04/07	Test Name BinaxNOW COVID Test Kit	Test Result <b>NOT DETECTED</b>

Sno	Patient Name	Date of Birth	Gender
1	<a href="#">Marty Crane</a>	02/15/1942	Male
2	<a href="#">Susan Ross</a>	04/01/1970	Female
3	<a href="#">John Peterman</a>	08/19/1963	Male

Previous Submit

- All data submissions are final. Users have one more opportunity to select **Cancel** to continue reviewing the Negative Lab Entries or **Submit** to finalize the Negative Lab Entries.

Observation

Performing Facility Name  
Test Medical Center

Observation Result Date  
2021/04/07

Specimen Type  
Anterior nares swab

Test Result  
**NOT DETECTED**

Sno Patient Name Date of Birth Gender

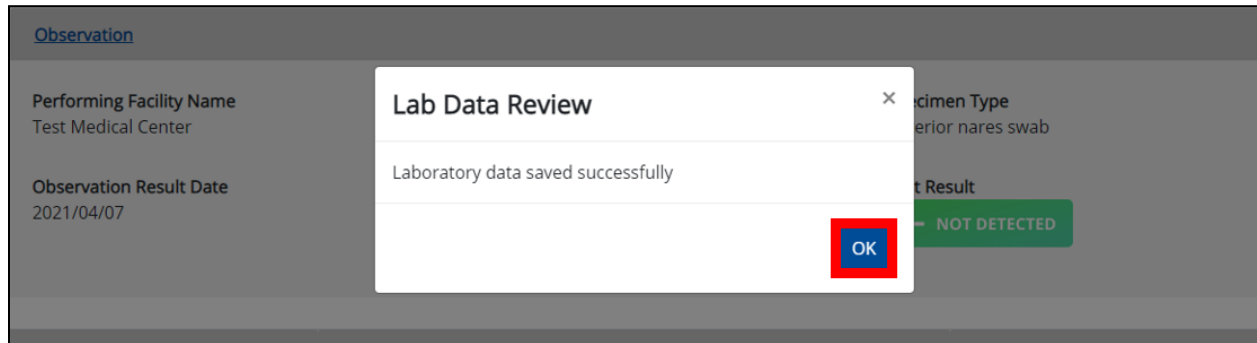
### Lab Data Review

All data submissions are final. Please ensure that your data is accurate before clicking on the Submit button. If you would like to make changes now, please click on the Cancel button.

Cancel Submit

**Please Note:** Once a negative lab entry has been submitted, it is final. If you later discover that you have entered inaccurate information, please reach out to the Kentucky Department for Public Health at [COVID19DR@ky.gov](mailto:COVID19DR@ky.gov) to determine options for correcting the entry.

24. Users should click **OK** when the Negative Lab Entries have been submitted successfully.



**Congratulations! You have submitted the Quick Entry for Negative COVID-19 Test Results using KHIE's Direct Lab Data Entry Functionality.**

Please visit the KHIE website at <https://khie.ky.gov/Pages/index.aspx> to access additional training resources and find information on reporting requirements from the Kentucky Department for Public Health.

## 13 Technical Support

### Toll-Free Telephone Support

For questions and assistance regarding the ePartnerViewer, please call 1 (877) 651-2505.

### Email Support

To submit questions electronically or request support regarding the ePartnerViewer, please email [KHIESupport@ky.gov](mailto:KHIESupport@ky.gov).